#### Imperial Mobile Terrace

Docket No. 060368-WS

Application to Increase Rates and Charges For a "Class A" Utility In

Florida

VOLUME 6	CMP
Book 7	COM
Book	CTR OCCUPATION OF THE PERSON O
Set 16 of 57	ECR
Containing	GCL .
Additional Engineering Requirements	OPC
	RCA
Monthly Operating Reports	SCR
	SGA
	SEC
	OTH

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER DATE

00846 JAN 26 5

FPSC-COMMISSION CLERK

# Aqua Utilities Florida, Inc. Monthly Operating Reports

## Imperial Mobile Terrace

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	5
March	3	7
April	4	9
May	5	11
June	6	13
July	7	15
August	8	17
September	9	19
October	10	21
November	11	23
December	12	25
Year: 2005		.=
January	1	27
February	2 3	29
March		31
April	4	33
May	5	35
June	6	37
July	7	39
August	8	41
September	9	43
October	10	45
November	11	47
December	12	49



Public Water System (PWS) Information   PWS Name   Imperial Terrace   PWS Name   Imperial Non-Transent Non-Community   Transent Non-Community   Description   Imperial Name   Imperial	See Pages 4 for Instr								
PWS Name:   Imporial Torrace	I. General Information	for the Month/Y	ear of: January, 2004		·				
Post Type   Consecutive   Non-Transient Non-Community   Transient No	A. Public Water System	ı (PWS) Informat	ion						
Sumber of Service Connections at End of Month:   242   Estal Population Served at End of Month:   605	PWS Name:	Imperial Terrace					PWS Identification Number:	3350584	
Sumber of Service Connections at End of Month: 605   PWS Owner   Florida March Services   Connect Person   Congar Person   Craig Anderson	PWS Type:	Community	Non-Transient Non-Communit	y Tr	ransient Non-Com	nunity	Consecutive		
Contact Persons: Craig Anderson Contact Persons Telephone Number Contact Persons' Facility Contact Persons Facility Contact Pe	Number of Service Connect	tions at End of Month:				T	otal Population Served at End of Mo	onth: 605	
Contact Person's Mailing Address   P.O. Box 699520   Contact Person's Telephone Number (407) 598-4197	PWS Owner:	Florida Water Service	s						
Contact Person's Telephone Number	Contact Person:	Craig Anderson				C	Contact Person's Title: VI	P Environmental Services	
Contact Personts E-Mail Address   Craiga@florida-water.com     Plant Name   Imperial Terrace   Plant Telephone Number   352-787-0980     Plant Address   11709 Magnolia Drive   Plant Clargony (per subsection 62-699 310(4), F.A.C.)     Plant Clargony (per subsection 62-699 310(4), F.A.C.)   V   Plant Clargony (per subsection 62-699 310(4), F.A.C.)   C     Licensed Operators   Lacidy (Personse Class   License Number   Day(s) / Shift(s) Worked   License License Number   Day(s) / Shift(s) / Shift(s)   License Number   Day(s) / Shift(s) / Shift(s)   License Number   Day(s) / Shift(s) / Shift	Contact Person's Mailing A	ddress: I	P.O. Box 609520			City: Orlando	State: Florida	Zip Code;	32860-9520
Plant Telephone Number   1799 Magnolia Drive   1799 Magnolia Dri	Contact Person's Telephone	Number: (	407) 598-4199			C	ontact Person's Fax Number: (4	07) 598-4217	
Flant Name:   Introduction   International Standard 60 or other applicable standards referenced in subsection 62-555 320(3), F.A.C. I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    Plant Cleptone Number   Introduction   Introduction   International Standard 60 or other applicable standards referenced in subsection 62-555 320(3), F.A.C. I also certify that the following additional operations records for this plant converse and can be provided in them, together with copies of this report, at a convenient location for at least ten years.    Plant Cleptone Number   Introduction   International   Introduction   Introduction   International   Inte	Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com						
Flant Address:   11709 Magnolfa Drive	B. Water Treatment Pla	ant Information							
Type of Water Treatment by Plant   Paw Ground Water   Purchased Finished Water	Plant Name:						Plant Telephone Number:		30
Permitted Maximum Day Operating Capacity of Plant, gallous per day:  Plant Clasegory (per subsection 62-699 310(4), F.A.C.):  V	Plant Address:	11709 Magnolia Driv	e			City: Taveres	State: Florida	Zip Code:	32778
Plant Class (per subsection 62-699 310(4), F.A.C.): C Licensed Operators Licensed Class Science Number Day(s) / Shift(s) Worked Lead/Chief Operators: Will Fontaine C 6813 Days 1st Shift Days 1st Shift John Worrell C 6977 Days 1st Shift John Worrell C 7846 Days 1st Shift Days 1st Shift John Worrell C 8450 Days 1st Shift				Purchased Fini	shed Water				
Licensed Operators Lead/Chief Operator: Will Fontaine C 6813 Days 1st Shift Other Operators: Brian Heath C 5825 Days 1st Shift John Worrell Gary Kissick C 7846 Days 1st Shift Gary Kissick C 7846 Days 1st Shift Days 1st Shift Days 1st Shift C 68450 Days 1st Shift Days 1st Shift Days 1st Shift C 7846 Days 1st Shift Days 1st Shift C 7846 Days 1st Shift Days 1st Shift C 7846 Days 1st Shift Days 1st Shift Days 1st Shift C 8450 Days 1st Shift Days 1st Shift Days 1st Shift C 8450 Days 1st Shift Days 1st Days 1st Shift Days 1st Shift Days 1st Days 1st Shift Days 1st Days 1st Da	Permitted Maximum Day C	Operating Capacity of P	lant, gallons per day:		288,000				
Lead/Chief Operators:   Brian Healt		ion 62-699.310(4), F.A	C.): V					( ),	
Other Operators:   Brian Heath   C   5825   Days 1st Shift     John Worell   C   6597   Days 1st Shift     Gary Kissick   C   7846   Days 1st Shift     Mike Ponticelli   C   8450   Days 1st Shift     Learning			Name		License Class	License Num	ber Day(s	s) / Shift(s) Worked	
John Worrell Gary Kissick C Reference of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    Verification by Lead/Chief Operator   Days 1st Shift		Will Fontaine			С	6813	Days 1st Shift		
Gary Kissick  Mike Ponticelli  C  8450  Days 1st Shift  Days 1st Shift  C  Reflection by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	Other Operators:	Brian Heath			С	5825			
Mike Ponticelli  C  8450  Days 1st Shift  C  Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  C-6813		John Worrell			C	6597	Days 1st Shift		
I. Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0.00 Will Fontaine	7 en 97 449	Gary Kissick			C	7846	Days 1st Shift		
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0.00 Will Fontaine		Mike Ponticelli			C	8450	Days 1st Shift		
1. Certification by Lead/Chief Operator  1. the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0.00 Will Fontaine									
I. Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.   2/9/2004 0.00 Will Fontaine  C-6813									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    2/9/2004 0:00									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    2/9/2004 0:00									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    2/9/2004 0:00									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0:00 Will Fontaine  C-6813									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0:00 Will Fontaine  C-6813	I Cartification by Logo	d/Chief Openator							
information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    2/9/2004 0:00   Will Fontaine   C-6813			ananatan li anand in Florida	the lead/obje	Canamatan aftha	tan traatma	nt plant identified in part I of	fthis was aut. I cartifu	that the
International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0:00 Will Fontaine  C-6813									
were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0:00 Will Fontaine  C-6813									
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0:00 Will Fontaine  C-6813									
retain them, together with copies of this report, at a convenient location for at least ten years.  2/9/2004 0:00 Will Fontaine C-6813									
2/9/2004 0:00 Will Fontaine C-6813		•	-		~ .	these addition	al operations records to the F	PWS owner so the PW	/S owner can
	retain them, together v	with copies of this	report, at a convenient location	for at least ter	years.				
Signature and Date Printed or Typed Name License Number			2/9/2004 0:00	Will Fontaine				C-6813	
	Signature and Date			Printed or Typ	ed Name			License Nun	nber

Page !

DEP Form 62-555..900(3)Alternate

PWS lo	lentificaitor	n Number:		3350584		Plant Name:	Imperial Ter	race						
111. D	aily Data	for the N	lonth/Year	of:		January, 2004			·					
			y Virus Inactiv		val:		Chlorine Di	ovida	☐ Ozone	C Comb	oined Chlori	no (Chloron	-inac)	
1	raviolet R		Cthe			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cinoraic Di	Oxide	1 Ozone	1 Cont	mica Cmorn	ne (Chiorai	illics)	
<b>⊢</b> `			=			▼ Free Chlo	rina [	Combin	ed Chlorine	(Chloramine	e)	Chlorine I	)iovide	
Type c	Distille	Tant Resid	luai Maintan		<u> </u>								7ioxide	
	,		-		T Calculations, or			rour-Log	Virus Inac	tivation, if				[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [
						CT Calc	ulations			1 1 2 2	∀ <i>∋</i>	Dose		
							Lowest CT							[10] [10] [10] [10] [10] [10] [10] [10]
	* .	1 11				Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at			in the			Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	Minimum UV Dose		
Davide	Visited by Operator	Hours plant	of Finished Water	,	Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum CT	Operating	Required,	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that
Day of the	(Place	in in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	nH of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>		System, mg/L	Out of Operation
1	X	24.0	1,600		0.9				-	<u> </u>			0.7	
2	Х	24.0	3,500		0.9								0.7	
. 3	X	24.0	1,700		0.8		ļ							
4		24.0	4,150					ļ	ļ <u>.</u>	<b></b>		<del> </del>		
6	X	24.0 24.0	4,150 3,500		0.9	<b>-</b>			<u> </u>	<del> </del>	<del> </del>	ļ	0.6	
7	- <u>^</u>	24.0	900		0.8				<del></del>	<del> </del>		<b>-</b>	0.0	
8	X	24.0	2,000		0.9					<del>                                     </del>	<del> </del> -	<del>                                     </del>	0.7	
9	X	24.0	300		0.9								0.7	
10	Х	24.0			0.8									
11		24.0	1,900											
12	X	24.0	1,900		0.8	<u> </u>				ļ		<u> </u>	0,6	
13	X	24.0	600		0.8			ļ	ļ	ļ		<del> </del>	0.6	
14	X	24.0	14,490 2,200	<b></b>	0.9			<del> </del> -	<del> </del>	<del> </del>			0.7	
16	X	24.0	1,200		0.8	ļ —— ——		<del> </del>	<del></del>		<del> </del>		0.6	
17		24.0	1,000							j				
18	Х	24.0	1,000		0.8									
19::-	Х	24.0	1,400		0.8								0.6	
20	Х	24.0	300		0.8			ļ <u>.</u>		<u> </u>		<u> </u>	0.6	
21	X	24.0	600	ļ	0.8		ļ		<u> </u>				0.6	
22	X	24.0	2,000 800		0.9			<del> </del>	<b></b>	<del> </del>			0.7	
24	X	24.0	2,000		1.0			<del> </del>	<del> </del>		<del> </del>	<del> </del>	0.0	
25		24.0	2,550	ļ	<u>```</u>			<del> </del>		<u> </u>	f	<del> </del>		
26	Х	24.0	2,550		1.0	F				T			0.8	
27	X	24.0	466		0.8								0.6	
28	Х	24.0	466		0.8								0.6	
29	Х	24.0	467		0.8					<b></b>	ļ	ļ	0.6	
30	X	24.0	1,000		0.8	<b> </b>	<u> </u>	<b>}</b>	ļ	<del> </del>	<b> </b>	<del> </del>	0.6	
31 Total	x	24.0	1,000 61,689	ļ	J	L	<u> </u>	L	<u> </u>	L	L	<u> </u>		
Avgeras	e		1 990	1										

14,490

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. I. General Information for the Month/Year of: February, 2004 A. Public Water System (PWS) Information 3350584 PWS Name: Imperial Terrace PWS Identification Number: PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive 608 Number of Service Connections at End of Month 243 Total Population Served at End of Month: PWS Owner: Florida Water Services Contact Person's Title: **VP Environmental Services** Craig Anderson Contact Person City: Orlando State: Florida Zip Code: 32860-9520 P.O. Box 609520 Contact Person's Mailing Address: (407) 598-4199 (407) 598-4217 Contact Person's Telephone Number: Contact Person's Fax Number: craiga@florida-water.com Contact Person's E-Mail Address: **B. Water Treatment Plant Information** 352-787-0980 Plant Name: Imperial Terrace Plant Telephone Number: Zip Code: 32778 Plant Address 11709 Magnolia Drive City: Taveres State: Florida ✓ Raw Ground Water Type of Water Treatment by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000 Plant Category (per subsection 62-699.310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked Licensed Operators License Class | License Number Name Lead/Chief Operator: Will Fontaine Days 1st Shift 6813 Other Operators: 5825 Days 1st Shift Brian Heath 6597 Days 1st Shift John Worrell Gary Kissick 7846 Days 1st Shift 8450 Days 1st Shift Mike Ponticelli II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-6813 3/9/2004 0:00

Page 1

Will Fontaine
Printed or Typed Name

Signature and Date

License Number

Imperial Terrace

Plant Name:

											010,22			ımixaM
											7,926		97	Avgerag
											098,48			Total
											000'7	0.4.7		
									0.0		7,500	0.42		67
									0.1		001,1	0.42	X	87
	9.0								6.0		001	24.0	X	L7_
	9.0	ļ							8.0		008	0.42	X	97
	9.0	ļ							6.0		007	0.42	X	72 5 <b>4</b>
	9.0							<u> </u>			050,7	24.0	X	23
· · · · · · · · · · · · · · · · · · ·	7.0								0.1		0\$0°L	0.42	^_	77
		<b></b>	<u> </u>						0.1		008,€	24.0	Х	17
	1:0	ļ·							0.1		055,4	24.0	X	50
	9.0	<del> </del>							6.0		000,2	24.0	$\frac{\hat{x}}{x}$	61
	9'0	<b></b>					<b>-</b>		6.0		006	24.0	X	81
	<del></del>	<del> </del>	<u></u>					<del> </del>	6.0		000	24.0	- <del>X</del>	<u> </u>
	9 <sup>0</sup>	<del> </del>	<b></b>						0.1		2,150	24.0	X	91
	20	<del> </del>						<del> </del>	01		2,150	24.0		SI
	<del>                                     </del>	<del>                                     </del>	<del> </del>					<del> </del>	6.0		002,2	0.42	X	ÞΙ
	9.0	<del></del>	<u> </u>						8.0		008,1	24.0	X	ΕI
	2.0	ļ							7.0		2,700	24.0	X	71
	2.0	<b></b>			<b></b>				7.0		3,000	24.0	X	11
	2.0	<del> </del>							8.0		3,400	24.0	X	01
	3.0	<del></del>			<b>_</b>				8.0		2,100	24.0	X	6.
	170	<del> </del>	ļ			<b></b>		<del>                                     </del>	8.0		001'1	24.0	X	8
	<del></del>		<b></b>				<del></del>				001'1	24.0		L
	9.0	<del> </del>	<u> </u>	-					6.0		1,800	0.42	X	. 9
	0.1								E.I		010,22	24.0	X	S
	7.0	<del> </del>							6.0		000,2	24.0	X	- t
	2.0								8.0		900	0.4.0	X	. ε
	2.0							<del>                                     </del>	8.0	· · · · · · · · · · · · · · · · · · ·	050,1	0.4.0	Х	Σ
								<del> </del>			050'1	0.4.0		**. I
anotherised To TuO	System, mg/L	,wo/oos	_wys-ww	L. Jaim.	ы Аррисаріе	Water, -C	J/mm	Səmuru	Peak Flow, mg/L	Rate, gpd.	દિયા	Operation	("X"	Month
Involves Taking Water System Components	nonudrusic	-war	2807 40	Required, mg	pH of Water,	io dupar	-зш моП	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	ંગા
Conditions, Repair or Maintenance Work that	Remote Point in	Required,		T) muminiM	******	Jo muoji	During Peak	garmQ Inio9	Before or at First	1441	Water	Hours plant	Operator	Day of
Emergency or Abnormal Operating,	Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		of Finished		Visited by	454
	Disinfectant	muminiM	4.775	<b>3</b> .			First	Om(T)	Disinfectant		Net Quantity		Staffed or	(1)
	Lowest Residual	7.62					Before or at	Sontact Time	Lowest Residual		Ì		Days Plant	.*
							Provided	Disinfectant	Constitution of the Consti					
							Lowest CT			-				
		(2) (2) (3)	en successive		Difference of			(2) 经公司基本 民族		<u> </u>				
보고 하는 사람이 모든 하셨습니다. 그런데 이번 말했다. 전통하다 기를 보고 하는 하셨습니다. 그런데 이번 말했다.		9000	IAN	<b>建</b> 等的公司基本				CT Calca	Maria Carlos					
시간 이렇게 보았을 그는 사이 그래요?			*pplicable*	Ti ,noitsvi	Virus Inact	god-mo	Jemostate F	UV Dose, to I	T Calculations, or	O	Í			
	ioxiqe	Chlorine D		(Chloramine					bution System:		nistnisM leu	tant Resid	ognisinfe	Type c
			<u> `</u>				<u> </u>			. (Descripe):			raviolet R	-
												: ••: Pu		
	(som	വങ്ങവാച്ച	THEOREM CHICKEN	amoa I	20070 1	aprivo	our annionic	l amenu	2 201 T Al :		ADADIU CD P · ·	307-ina - 91	HASHIST TO	CIMATAI
	(səujı	e (Chloram	rined Chlorin	Comb	əuozO 🗍	əbixo	Chlorine Dio			vom5A\noi1s				
	(səni	e (Chloram	nined Chlorin	Сошр	əuozO _	əbixo	Chlorine Dio	February, 2004			onth/Year o			

3350584

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instru									
. General Information	for the Month/Y	Year of: March, 2004							
A. Public Water System	(PWS) Informa	tion							
	Imperial Terrace					PWS Identification Numbe	r: 3	3350584	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient N	lon-Com	munity	Consecutive			
Number of Service Connects					Total I	Population Served at End of	Month:	510	
	Florida Water Servic								
Contact Person:	Craig Anderson				Contac	ct Person's Title:	VP Environment	al Services	
Contact Person's Mailing Ac	ddress:	P.O. Box 609520			City: Orlando	State: Florida		Zip Code:	32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			Contac	ct Person's Fax Number:	(407) 598-4217		
Contact Person's E-Mail Ad	dress:	craiga@florida-water.com							
3. Water Treatment Pla	nt Information								
Plant Name:	Imperial Terrace					Plant Telephone Number:		352-787-098	0
	11709 Magnolia Dri				City: Taveres	State: Florida		Zip Code:	32778
Type of Water Treatment by			Purchased Finished Wat	er					
Permitted Maximum Day O			288,000						
Plant Category (per subsecti	on 62-699.310(4), F.					lass (per subsection 62-699.		<u>C</u>	Later Tell modern market in
Licensed Operators	<u></u>	Name	Licens	e Class	License Number		y(s) / Shift(s)	Worked	\$50 YES 124
Lead/Chief Operator:			C		6813	Days 1st Shift			
Other Operators:	Brian Heath		C		5825	Days 1st Shift			.,
	John Worrell		C		6597	Days 1st Shift			
	Gary Kissick		C		7846	Days 1st Shift			
	Adam Michaelsen				Trainee	Days 1st Shift			
					-				
						<b>_</b>			
				<del></del>					
		·		******		<u> </u>			
I Certification by Lead	/Chief Operator								
		operator licensed in Florida, am t	the lead/chief operate	or of the	water treatment p	lant identified in part I	of this report.	I certify	that the
		ue and accurate to the best of my k							
		cable standards referenced in subs							
were prepared each da	v that a licensed of	operator staffed or visited this plan	nt during the month i	ndicate	d above: (1) record	ds of amounts of chem	icals used and	chemical	feed rates: and
		process performance records. Fur							
		report, at a convenient location for		provide	these additional o	perations records to the	e i ws owner	30 the 1 W	5 owner can
retain them, together w	riui copies oi this	report, at a convenient location is	or at icasi teli yeals.						
		4/0/2004 0 00	Well F. A.					C (012	
		4/8/2004 0:00	Will Fontaine					C-6813	
Signature and Date			Printed or Typed Name					License Num	idef

Page 1

DEP Form 62-555 900(3)Alternate

Macus of Achteving Four-Log Virus Inactivation (Royal)   Free Chlorine   Choline Dioxide   Combined Chlorine (Choramines)   Chlorine Dioxide   Combined Chlorine (Choramines)   Chlorine Dioxide   Chlorine Dioxide   Chlorine Chlorine (Choramines)   Chlorine Dioxide   Chlorine Chlorine (Choramines)   Chlorine Dioxide   Chlorine Dioxide   Chlorine Chlorine (Choramines)   Chlorine Dioxide   Chlorine Chlorine (Choramines)   Chlorine Dioxide   Chlorine Chlorine (Chloramines)   Chlorine Dioxide   Chlorine Chlorine (Chloramines)   Chlorine Dioxide   Chlorine Dioxide   Chlorine Chlorine (Chloramines)   Chlorine Chlorine (Chloramines)   Chlorine Dioxide   Chlorine Chlorine (Chloramines)   Chlorine Dioxide   Chlorine Chlorine (Chloramines)   Chlorine Chlorine (Chlorine Chlorine Chlorine (Chlorine Chlorine Chlorine Chlorine (Chlorine Chlorine Chlorine Chlorine (Chlorine Chlorine Chlorine Chlorine Chlorine (Chlorine Chlorine Chlorine Chlorine Chlorine (Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine (Chlorine Chlorine	PWS Id	entification	n Number:		3350584		Plant Name:	Imperial Ter	тасе						
Marin of Achieving Four-lets   Virus   Inactivation Removal:   Free Chlorine   Coburne Disorde   Countries   Combined Chloramics   Chlorine Disorde   Colorine   Chloramines   Chloram	HIL D	II. Daily Data for the Month/Year of: March. 2004													
Cyte of District curt Residual Maintained in Distribution System:   Free Chlorine   Combuned Chlorine (Chloramines)   Chlorine Disside															
Type of Districtant Residual Maintained in Distribution System:   Type of Districtant Residual   Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*   UV Dose   UV															
Day of Plant   Suffed or Visited by   Day of Plant   Suffed or Visited by   Day of Plant   Suffed or Visited by   Day of Plant   Day of Poember   House plant   Poember   Plant   Poember   Plant   Poember   Plant   Plant	_							· — —							
Days Plant   Suffield or Vaired by Operation   Finished to   Post of Finished to   Pos	Type o	f Disinfed	ctant Resid	lual Maintair	ned in Distr	ibution System:	Free Chlo	orine [	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
Days Plant   Suffield or Vaired by Operation   Finished to   Post of Finished to   Pos					C	T Calculations, or	UV Dose, to	Demostate I	Four-Log	Virus Inac	tivation, if	Applicable <sup>4</sup>		이 병속 등을 내	
Days Plant   Suffed or Visited by Visited			1						1000						
Days Plant   Saffed or Visited by Saffed or Visit											100				[통일하다] 그 시민과 이번의 점
Visited by   Vis		-													B : [1]
Visited by   Vis	1						200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-		48.5			선생님이 되면 하시네요?
Visited by   Vis				N . O									Minimum		
Day of   Park   Park					A		DOMESTIC AND ADMINISTRATION OF THE PARTY OF	and the second of the second					经债款 医髓束 医结束性结节		
Peak Flow   Peak	Day of		House plant			Defore or at First					Minimum CT		Safety Services	Domoto Boint in	
Month   'X'   Operation   gal   Rate, gpt   Peak Flow, mg/L   minutes   min/L   Water, "C if Applicable   min/L   mi					Peak Flow	Customer During			Temp of	pH of Water					
1	377.7				The second section is a second	Peak Flow, mg/L	The state of the s		Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>		
2					, 3,										
3         X         240         5,700         1.0         0.8           4         X         240         2,300         0.9         0.6           5         X         240         3,300         0.9         0.6           6         240         4,259         0.6         0.6           7         X         240         4,250         1.1         0.6           8         X         240         3,600         0.9         0.6         0.6           9         X         240         5,200         0.9         0.6         0.8           10         X         240         5,200         1.0         0.8         0.8           11         X         240         1,460         1.0         0.8         0.8           12         X         240         7,700         1.0         0.8         0.8           13         X         240         3,500         1.0         0.7         0.7           14         240         3,500         1.0         0.7         0.6         0.7           16         X         240         2,900         0.9         0.0         0.7         0.7 <tr< td=""><td>2</td><td></td><td>24.0</td><td>3,400</td><td></td><td>0.9</td><td></td><td>i</td><td></td><td></td><td>1</td><td></td><td></td><td>0.6</td><td></td></tr<>	2		24.0	3,400		0.9		i			1			0.6	
5         X         240         3,300         0.9         0.6           6         240         4,250         1.1         2.20         0.6         0.6           7         X         240         4,250         1.1         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.6         0.8         0.6         0.8         0.6         0.8	-3	Х	24.0			1.0								0.8	
6         24.0         4,250         1.1         0.6         0.8         0.6         0.8 <td>4</td> <td>Х</td> <td>24.0</td> <td>2,300</td> <td></td> <td>0.9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.6</td> <td></td>	4	Х	24.0	2,300		0.9								0.6	
7         X         240         4,250         1.1           8         X         240         3,600         0.9           9         X         240         2,200         0.9           10         X         240         5,200         1.0           11         X         240         14,60         1.0           12         X         240         10         0.8           13         X         240         8,700         1.0           14         240         3,500         0.0         0.7           15         X         240         3,500         0.0           16         X         240         2,900         0.9           18         X         240         3,300         1.0           19         X         240         3,300         1.0           19         X         240         2,900         0.9           19         X         240         2,900         0.9           20         X         240         6,700         1.0           21         240         5,150         1.0           22         X         240         5,150	5	X	24.0	3,300		0.9								0.6	
8         X         24,0         3,600         0.9         0.6           9         X         24 0         2,200         0.9         0.6           10         X         24 0         5,200         1.0         0.8           11         X         24 0         14,160         1.0         0.8           12         X         24 0         7,700         1.0         0.8           13         X         24 0         8,700         1.0         0.8           14         24 0         3,500         1.0         0.7         0.7           15         X         24 0         3,500         1.0         0.7         0.7           16         X         24 0         2,900         0.9         0.9         0.6         0.6           17         X         24 0         3,300         1.0         0.7         0.7         0.7           18         X         24 0         2,600         0.9         0.9         0.6         0.6         0.6         0.7         0.7         0.7         0.7         0.7         0.7         0.7         0.7         0.7         0.7         0.7         0.7         0.7         0.7 </td <td>6</td> <td></td> <td>24.0</td> <td></td>	6		24.0												
9         X         240         2,200         0.9         0.6           10         X         240         5,200         1.0         0.8           11         X         240         14,160         1.0         0.8           12         X         240         7,700         1.0         0.8           13         X         240         8,700         1.0         0.8           14         240         3,500         0.0         0.0         0.7           16         X         240         3,500         0.9         0.0         0.0           17         X         240         3,500         0.9         0.0         0.0           17         X         240         3,500         0.9         0.0         0.0           17         X         240         3,500         0.9         0.0         0.0           18         X         240         2,900         0.9         0.0         0.0           19         X         240         2,900         0.0         0.0         0.0           20         X         240         2,900         1.0         0.0         0.0           22	7		<del></del>												
10       X       24.0       5,200       1.0       0.8         11       X       24.0       14,160       1.0       0.8         12       X       24.0       7,700       1.0       0.8         13       X       24.0       8,700       1.0       0.8         14       24.0       3,500       1.0       0.7         15       X       24.0       3,500       1.0       0.7         16       X       24.0       3,500       1.0       0.7         17       X       24.0       2,900       0.9       0.6         17       X       24.0       2,600       0.9       0.7         18       X       24.0       2,600       0.9       0.6         19       X       24.0       2,900       1.0       0.7         20       X       24.0       5,150       1.0       0.7         21       24.0       5,150       1.0       0.7         22       X       24.0       5,150       1.0       0.7         23       X       24.0       1,400       1.0       0.7         24       X       24.0 <t< td=""><td><b></b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>L</td><td></td><td><u> </u></td><td></td><td></td><td></td><td></td></t<>	<b></b>								L		<u> </u>				
11       X       24.0       14,160       1.0       0.8         12       X       24.0       7,700       1.0       0.8         13       X       24.0       8,700       1.0       0.8         14       24.0       3,500       1.0       0.7         15       X       24.0       3,500       1.0       0.7         16       X       24.0       2,900       0.9       0.6         17.       X       24.0       3,300       1.0       0.7         18       X       24.0       2,600       0.9       0.6         19       X       24.0       2,900       1.0       0.7         20       X       24.0       6,700       1.0       0.7         21       24.0       5,150       1.0       0.7         22.       X       24.0       5,150       1.0       0.7         23       X       24.0       1,400       1.0       0.7         24       X       24.0       4,000       0.9       0.6         25       X       24.0       4,000       0.9       0.6								<u> </u>			<b></b>		<u> </u>		
12       X       24.0       7,700       1.0       0.8         13       X       24.0       8,700       1.0       0.0         14       24.0       3,500       0.0       0.0         15       X       24.0       3,500       1.0       0.7         16       X       24.0       2,900       0.9       0.6         17       X       24.0       3,300       1.0       0.7         18       X       24.0       2,600       0.9       0.6         19       X       24.0       2,900       1.0       0.7         20       X       24.0       6,700       1.0       0.7         21       24.0       5,150       1.0       0.7         22-       X       24.0       5,150       1.0       0.7         23-       X       24.0       1,400       1.0       0.7         24-       X       24.0       2,100       0.9       0.6         25-       X       24.0       4,000       0.9       0.6	L		<del></del>						L	<del></del>					
13       X       24.0       8,700       1.0  .										<del> </del>					
14       24.0       3,500       1.0       0.7         15       X       24.0       3,500       0.9       0.6         16       X       24.0       2,900       0.9       0.6         17       X       24.0       3,300       1.0       0.7         18       X       24.0       2,600       0.9       0.6         19       X       24.0       2,900       1.0       0.7         20       X       24.0       6,700       1.0       0.7         21       24.0       5,150       0.7       0.7         22       X       24.0       5,150       1.0       0.7         23       X       24.0       1,400       1.0       0.7         24       X       24.0       2,100       0.9       0.6         25       X       24.0       4,000       0.9       0.6					ļ			ļ	<del>                                     </del>	<del>}</del>	<del> </del>	<del> </del>	<del> </del>	0.8	
15       X       24.0       3,500       1.0       0.7         16       X       24.0       2,900       0.9       0.6         17       X       24.0       3,300       1.0       0.7         18       X       24.0       2,600       0.9       0.6         19       X       24.0       2,900       1.0       0.7         20       X       24.0       6,700       1.0       0.7         21       24.0       5,150       1.0       0.7         22       X       24.0       5,150       1.0       0.7         23       X       24.0       1,400       1.0       0.7         24       X       24.0       2,100       0.9       0.6         25       X       24.0       4,000       0.9       0.6		<u>^</u>			<u> </u>	1.0			<del> </del>		ļ — — —				
16       X       24.0       2,900       0.9       0.6         17       X       24.0       3,300       1.0       0.7         18       X       24.0       2,600       0.9       0.6         19       X       24.0       2,900       1.0       0.7         20       X       24.0       6,700       1.0       0.7         21       24.0       5,150       0.7       0.7         22       X       24.0       5,150       1.0       0.7         23       X       24.0       1,400       1.0       0.7         24       X       24.0       2,100       0.9       0.6         25       X       24.0       4,000       0.9       0.6						10					1			0.7	
17.       X       24.0       3,300       1.0       0.7         18.       X       24.0       2,600       0.9       0.6         19.       X       24.0       2,900       1.0       0.7         20.       X       24.0       6,700       1.0       0.7         21.       24.0       5,150       0.7       0.7         22.       X       24.0       5,150       1.0       0.7         23.       X       24.0       1,400       1.0       0.7         24.       X       24.0       2,100       0.9       0.6         25.       X       24.0       4,000       0.9       0.6	h					<u> </u>			<del> </del>	<del> </del>				1	
18       X       24.0       2,600       0.9       0.6         19       X       24.0       2,900       1.0       0.7         20       X       24.0       6,700       1.0       0.7         21       24.0       5,150       0.7       0.7         22       X       24.0       5,150       1.0       0.7         23       X       24.0       1,400       1.0       0.7         24       X       24.0       2,100       0.9       0.6         25       X       24.0       4,000       0.9       0.6					<del></del>			<del> </del>	<del> </del>		ļ	t	<del> </del>		
19       X       24.0       2,900       1.0       0.7         20       X       24.0       6,700       1.0       0.7         21       24.0       5,150       0.7       0.7         22       X       24.0       5,150       1.0       0.7         23       X       24.0       1,400       1.0       0.7         24       X       24.0       2,100       0.9       0.6         25       X       24.0       4,000       0.9       0.6	ļ				<u> </u>				t		<del>                                     </del>		<del> </del>		
20								l				l		0.7	
21     24.0     5,150     1.0     0.7       22     X     24.0     5,150     1.0     0.7       23     X     24.0     1,400     1.0     0.7       24     X     24.0     2,100     0.9     0.6       25     X     24.0     4,000     0.9     0.6						1.0									
22     X     24.0     5,150     1.0     0.7       23     X     24.0     1,400     1.0     0.7       24     X     24.0     2,100     0.9     0.6       25     X     24.0     4,000     0.9     0.6	21		24.0												
24     X     24.0     2,100     0.9     0.6       25     X     24.0     4,000     0.9     0.6	22	Х	24.0			1.0									
25 X 24.0 4,000 0.9 0.6	23	X	24.0						<u> </u>		l				
								<u> </u>			<u> </u>				
												ļ			
26 X 24.0 4,800 2.2 1.7			L					ļ	<del> </del>	<u> </u>	ļ			1.7	
27 X 24.0 700 1.6		X			L	1.6				<u> </u>	ļ	ļ	L	ļ	
28 24.0 7,650					ļ				<del> </del>	<u> </u>	<del> </del>		ļ	<del> </del>	
29     X     24.0     7,650     1.3       30     X     24.0     1,100     1.3			<u> </u>		ļ			ļ	<del> </del>			ļ	<del> </del>		
30   X   24.0   1,100   1.3   1.0     31   X   24.0   1,600   1.3     1.3     0.9					<del> </del>			<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>	
31   X   24.0   1,000   1.3   1   1   1   1   1   1   1   1   1		X	24.0		<del></del>	1.3				<u> </u>	L	<u> </u>	1	1 0.9	
Avgerage 4,294		re.			1										

14,160

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See	Радес	4	for	Inst	ructions.
SCC	1 4203	•	w	11131	i uvuvus.

See Pages 4 for Instru								
l. General Information	for the Month/Y	ear of: April, 2004						
A. Public Water System	(PWS) Informat	tion						
	Imperial Terrace					PWS Identification Number	er: 3350584	1
PWS Type:	✓ Community	Non-Transient Non-Commu	nityT	ransient Non-Com	munity	Consecutive		
Number of Service Connect	ions at End of Month:	244			Tota	al Population Served at End of	Month: 610	
PWS Owner:	Florida Water Service	es						
Contact Person:	Craig Anderson				Cor	ntact Person's Title:	VP Environmental Servi	ces
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Cod	le: 32860-9520
Contact Person's Telephone		(407) 598-4199			Cor	ntact Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad		craiga@florida-water.com						
B. Water Treatment Pla	int Information							
Plant Name:	Imperial Terrace					Plant Telephone Number:	352-787	
Plant Address:	11709 Magnolia Driv	/e			City: Taveres	State: Florida	Zip Cod	le: 32778
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day O				288,000			<del> </del>	
Plant Category (per subsecti	ion 62-699.310(4), F.A			T		Class (per subsection 62-699.		
Licensed Operators		Name		License Class		er Da	y(s) / Shift(s) Worke	xd
Lead/Chief Operator:		<u> </u>		C	6813	Days 1st Shift		
Other Operators:	Brian Heath			<u>C</u>	5825	Days 1st Shift		
	John Worrell			C	6597	Days 1st Shift		
* *	Gary Kissick			C	7846	Days 1st Shift		
And the State of t	Adam Michaelsen			<u> </u>	Trainee	Days 1st Shift		
	,			ļ			<del></del>	· · · · · · · · · · · · · · · · · · ·
	<u> </u>							
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>	<u> </u>		
II Certification by Lead	VChief Operator	•						
		operator licensed in Florida, a	am the lead/chie	ef operator of the	water treatment	t plant identified in part	I of this report. I cer	tify that the
information provided i	in this report is tru	ie and accurate to the best of r	ny knowledge a	and helief I cert	ify that all drink	ing water treatment chen	nicals used at this nla	ent conform to NSF
Information provided i	.co	cable standards referenced in s	my knowledge a	55 220(2) E A (	I also cortifu	that the following addition	onal operations reco	de for this plant
International Standard	60 or other appli	cable standards referenced in s	-14 dania 41-	33.320(3), F.A.(	J. I also certify	ulat the following addition	sicals used and show	ical food rates: and
were prepared each da	y that a licensed of	operator staffed or visited this	plant during the	month indicate	d above: (1) rec	torus of amounts of chem	- DWC	DWC aumon con
		process performance records.			tnese additiona	operations records to tr	ie Pws owner so the	PWS owner can
retain them, together v	vith copies of this	report, at a convenient location	on for at least te	n years.				
		5/7/2004 0:00	Will Fontaine	<b>;</b>			C-6813	
Signature and Date		5233.0.00	Printed or Ty				<del>-</del>	Number
Signature and Date			1111100 01 13	P			21001100	

											77,720			Maximu
pb0'p												/уgстаде		
											121,320			latoT
			<u> </u>				L	L						
	0.1								S.I		001/	0.42	X	30
	2.1								Ľl		009,2	24.0	X	67
	6.0					L			5.1		001	74.0	X	87
	8.0								7.1		100	0.42	X	LT.
	1.0								5.1	l	004,4	24.0		97
								i			004,4	24.0	Х	52
									<b>1.4</b>	I	00€,€	24.0		74
	0.1								5'1		3,300	0.42	Х	.23
	0.1								S.I.		00£,8	0.42	Х	77
	1.1							T	S.I	T	2,500	24.0	X	17
	91								1.2		001'7	24.0	X	70
	9.1								7.2	1	000,2	0.42	Х	61
											000,2	0.42		81
								ļ i	61	1	009,8	0.42	X	LI
	9.1								2.0	T	008	0.4.0	Х	91
	LT								2.2		2,900	0.42	Х	sı
	<b>1</b> '[								6'1		4,100	24.0	X	τĭ
	1.5						1		0.2		007,1	24.0	X	٤١
	9.1								2.2	1	000'7	24.0	Х	71
											000,4	0.42		II
									S'I		002,2	0.42	Х	01
	1.2								5.1		001'1	24.0	X	6
	1.2								91		72,720	0.42	X	8
	0.1								SI		000,8	0.42	Х	L
	T'I								SI		006'1	0.42	X	9
	1.2								91		004,8	0.42	Х	S
							, , , , , , , , , , , , , , , , , , , ,				004,8	24.0		• •
									€.1		009'7	24.0	Х	ε
	0.1		_						ÞΊ		004	24.0	X	7
	1.1								p'I		2,200	24.0	X	ī
zmanoquno Susies (2 Water 5 yearm Component )	Distribution  System, mg/E	tmo/oes	my/sec/cm	J/mm	if Applicable	Water, OC	-Bow, mg-	minutes	Peak Flow, mg/L	Rate, gpd	leg ,	Орегаціоп	("X"	Month
CONTINUES ECONDO MARTICEMENT AND THE	Remote Point in	Reguired, "	word VIDS	Required, mg	191eW to Ho	Temp of	During Peak	Point During Peak Flow,	Customer During	Peak Flow	Producted	uı	exercity)	app.
Suppled Supplementation of the Supplementatio	Concentration at		oniterant	TO muminiM			Customet:	Measurement Point During	Before or at First		TSJ&W	Hours plant	Operator	Го уб
	Pisinfectant	muminiM seo(IVU	tsəwo.T		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		lzii]	O is (T)	Disinfectant Concentration (C)		badsini To		Visited by	j
THE KARPET BALL	Lowest Residual	SEMM					Before or at	Contact Time	Lowest Residual		Met Quantity		Staffed or	
为在"一种通道"的是							Provided	Disinfectant	leabined treated				Days Plant	ĺ
							Lowest.CT	, , , , , ,			34 35		. [	- {
Emergency of Monothial Operating										A. 44 1			ŀ	- 1
		əso(	IAN				suonelu	CT Calc					1	1
				i ,noitevi	Virus Inac	our-Log	Demostate I	UV Dose, to	T Calculations, or					
		Chlorine L	(s	(Chloramine	ed Chlorine	Combin	T ənin	№ Free Chlo	bution System:			ctant Resid	of Disinfe	Type c
										r (Describe):	L Othe	norsibs	R isloiver	[ <b>L</b> 11
	(səuju	e (Chloran	vined Chlorir	L Comp	Ozone	əbixo	Chlorine Did	T əninold	al: 🔽 Free C	япоп/Кетол	vitosal suriV	ng Four-Log	ivsidaA to	Means
				<del></del>				April, 2004			nes//dino			
						2001	io i muadiui	OURNE MERLY		1000000				

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See	Pages	4	for	Instructions.

Public Water System (PWS) Information  PWS Name Imperial Terrace PWS Type	See Pages 4 for Instr					<del></del>			
PMS Name   Imperial Terrace	. General Information	for the Month/Year of:	May, 2004						
PMS Name   Imperial Terrace	A. Public Water System	(PWS) Information							
Month   Mont							PWS Identification Number	er: 3350584	
Number of Service Connectors at End of Month   245   Total Population Served at End of Month   613	PWS Type:		Fransient Non-Community	Tra	ansient Non-Comr	nunity	Consecutive		1
Contact Person's Tube   VP Environmental Services	<del></del>	_ <del></del>					l Population Served at End of	Month: 613	
Contact Person's Mailing Address   P.O. Box 609520   Contact Person's Telephone Number   (407) 598-419   Contact Person's Fax Number   (407) 598-419   Contact Person's Fax Number   (407) 598-4217	PWS Owner:	Florida Water Services			<del> </del>				
Contact Person's Telephone Number: (407) 598-4199 Contact Person's E-Mail Address Craig@florida-water.com  Water Treatment Plant Information Plant Name: Imperial Terrace Imperi	Contact Person:	Craig Anderson				Cont	act Person's Title:	VP Environmental Services	
Contact Person's E-Mail Address   Craiga@florida-water.com	Contact Person's Mailing A	ddress: P.O. Box 609	9520			City: Orlando	State: Florida	Zip Code:	32860-9520
Water Treatment Plant Information   Plant Name   Imperial Terrace	Contact Person's Telephone	Number: (407) 598-41	99			Cont	act Person's Fax Number:	(407) 598-4217	
Plant Name:   Imperial Terrace   Plant Address:   Plant Telephone Number:   352.787-0980	Contact Person's E-Mail Ad	ldress: craiga@fl	orida-water.com						
Plant Address: 11709 Magnolia Drive	B. Water Treatment Pla	ant Information							
Type of Water Treatment by Plant:    Permitted Maximum Day Operating Capacity of Plant, gallons per day:   Permitted Maximum Day Operating Capacity of Plant, gallons per day:   Permitted Maximum Day Operating Capacity of Plant, gallons per day:   Plant Classory (per subsection 62-699-310(4), F.A.C.) C     Licensed Operators   Name	Plant Name:	Imperial Terrace					Plant Telephone Number:	352-787-09	80
Permitted Maximum Day Operating Capacity of Plant, gallons per day.  Plant Category (per subsection 62-699 310(4), F.A.C.) V  Plant Class (per subsection 62-699 310(4), F.A.C.) C  Licensed Operators:  Name  License Class  License Number  Day(s) / Shift(s) Worked  C  6813  Days 1st Shift  Days 1st Shift  John Worrell  Gary Kissick  C  7846  Days 1st Shift  Adam Michaelsen  Trainee  Days 1st Shift  Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555-320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used an chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	Plant Address:	11709 Magnolia Drive				City: Taveres	State: Florida	Zip Code:	32778
Plant Category (per subsection 62-699.310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.) C Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operators Will Fontaine  Other Operators: Brian Heath C S 8825 Days 1st Shift John Worrell C G 6597 Days 1st Shift John Worrell G G 7846 Days 1st Shift Adam Michaelsen Trainee Days 1st Shift Trainee Days 1st Shift  C Trainee Days 1st Shift Trainee Days 1st Shift Trainee Days 1st Shift Trainee Days 1st Shift  C T 846 Days 1st Shift Trainee Days 1st Shift  C T 846 Days 1st Shift  C Trainee Days 1st Shift  C T 846 D	Type of Water Treatment by	y Plant:	iround Water P	urchased Finis	hed Water				
Licensed Operators   Name   License Class   License Number   Day(s) / Shift(s) Worked   Lead/Chief Operator:   Will Fontaine   C   6813   Days 1st Shift   Other Operators:   Brian Heath   C   5825   Days 1st Shift   John Worrell   C   6597   Days 1st Shift   Gary Kissick   C   7846   Days 1st Shift   Adam Michaelsen   Days 1st Shift   Days 1st	Permitted Maximum Day O	perating Capacity of Plant, gallons	per day:		288,000				
Lead/Chief Operators:   Other Operators:   Brian Heath   C   5825   Days 1st Shift     John Worrell   Gary Kissick   C   7846   Days 1st Shift     Adam Michaelsen   Trainee   Days 1st Shift     Adam Michaelsen   Days 1st Shift     Ad		ion 62-699.310(4), F.A.C.):	V						
Other Operators:   Brian Heath			Name		License Class	License Numbe		y(s) / Shift(s) Worked	<b>数</b> 字字句: 是证的
John Worrell Gary Kissick C 7846 Days 1st Shift Day		Will Fontaine			С	6813	<del></del>		
Gary Kissick  Adam Michaelsen  Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	Other Operators:	Brian Heath			<u>C</u>	5825			
Adam Michaelsen  Traince  Days 1st Shift  Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standards 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  Will Fontaine  C-6813			<u></u>		С				
Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  6/8/2004 0:00 Will Fontaine  C-6813		Gary Kissick			C	7846	<del></del>		<del></del>
Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  6/8/2004 0:00  Will Fontaine  C-6813		Adam Michaelsen				Trainee	Days 1st Shift	<u></u>	
Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  6/8/2004 0:00  Will Fontaine  C-6813									
Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  6/8/2004 0:00 Will Fontaine							<u> </u>		
Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  6/8/2004 0:00 Will Fontaine									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    G-6813   G									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    G-6813   C-6813   C									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    G-6813   C-6813   C		L					<u> </u>		
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    G-6813	I Contification by Long	I/Chief Operator							
information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    6/8/2004 0:00			isonand in Elonida, am t	a land/shipt	operator of the	water treatment	plant identified in part l	Lof this report   Logitify	that the
International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    C-6813	i, the undersigned wat	er treatment plant operator i	icensed in Florida, and u	ne read/cirrer	operator of the	C. that all drinks	plant lucitinicu in part i	ricals used at this plant	conform to NSE
were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.    C-6813	information provided	in this report is true and acci	irate to the best of my k	nowledge ar	a benet. I ceru	ny mai an drinki	ng water treatment cheft	meals used at this plant	for this alone
(2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.  6/8/2004 0:00 Will Fontaine  C-6813	International Standard	60 or other applicable stand	lards referenced in subs	ection 62-33	5.320(3), F.A.C	. I also certify to	nat the following addition	onal operations records	for this plant
retain them, together with copies of this report, at a convenient location for at least ten years.  6/8/2004 0:00 Will Fontaine C-6813	were prepared each da	y that a licensed operator sta	affed or visited this plan	t during the	month indicated	1 above: (1) reco	ords of amounts of chem	nicals used and chemica	i teed rates; and
6/8/2004 0:00 Will Fontaine C-6813						these additional	operations records to th	ie PWS owner so the PV	NS owner can
0/0/2001	retain them, together v	vith copies of this report, at	a convenient location for	r at least ten	years.				
		6/8/	/2004 0:00	Will Fontaine				C-6813	
Signature and Date Printed or Typed Name License Number	Signature and Date			Printed or Type	ed Name			License Nu	.mber

											058,850	<u> </u>		Maximu
											<b>†11'</b> †		Э	geragvA
										3	127,530			LatoT
	1.1			[					61		4,250	0.42	Х	15
											4,250	0.42		30
				-					8.1		005,4	0.42	Х	57
	2.1					<u> </u>			8.I		006,ε	0.4.0	Х	87
	2.1	<del></del>	·						8.1		005'\$	0.42	Х	LZ
	1.1								8.1		001'1	24.0	X	- 97
	2.1	<del></del>				<b>!</b>	-		8.1		00L'1	24.0	X	52
<u></u>		<u> </u>							7.1		00ε,ε	0.42	X	24
	1.1		ļ			<b>-</b>			21		059'I	0.45		23
		<del></del>				ļ	<b></b>		7.7	ļ	059'I	0.42	х	77
	<u> </u>								L'I	ļ		0.42	X	
	1.0					<u> </u>			L'I		1,300			17
	1.0								91		4,200	24.0	X	70
	1.2					<b></b>		ļ	9.1	ļ	007	0.42	Х	61
	1.2								L'I	ļ	001	0.42	X	81
	1.3					<u> </u>			61		1,800	24.0	Х	LI
						L					006	0.4.0		91
									L'0	<u> </u>	006	24.0	X	51
	0.1			10.0					5.1		0£6'51	24.0	X	. tl
	2.1								9.1		1,100	24.0	X	13
	0.1								7.1		001,1	0.4.0	X	71
	11	1							5.1		2,100	0.4.0	Х	II
	7.1								L'I		2,000	0.4.0	Х	01
	+	<u> </u>				1					000,2	0.4.0	-	6
		<del> </del>				<u> </u>		1	8.1		058,85	0.42	X	8
	2.1	<del> </del>						<del>                                     </del>	LI		058'97	24.0	X	L
	£.1		<del></del>	<u> </u>		<del></del>		<u> </u>	8.1		2,900	24.0	X	9
	8.0			<del>                                     </del>					2.1		057	24.0	X	S
	8.0							<del>                                     </del>	7.1		057	24.0	X	. 7
	6.0								p'1		1,100	0.42	X	ε
	100	-							1 1 1		055	24.0	_ ^_	7
		<b></b>				<del> </del>	<b></b>		7.1		055	24.0	v	ī
	a Sur transfer		W 000 11 III	Store Painted St.	a a managada a sa	der of the same of	and the state of t	Company	7.1	vener Eber	<u> </u>		X	
noting O To InO	System, mg/L	zmɔ/ɔəs	smɔ/ɔəɛ-Wm		oldsoilqqA Ii	Oo rater	J/uim	sənunu	Peak Flow, mg/L	Rate, gpd	्रिष्टि	Operation	("X"	rbnoM
Involves Taking Water System Components		-Wm		Required, mg		lo qmaT	-gm wolf	Peak Flow,	Customer During	Peak Flow	Producted,	ui	exelq)	ətī
Conditions, Repair of Maintenance Work that		Required,	Operating	T) muminiM	**************************************		During Peak	777 E1 1 4 - E G4 E 1 14 7 4 4 4	Before or at First		Water	Hours plant	Орегатог	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest		3324	Pro Jaries	Customer	Measurement	Concentration (C)		bodsini To		Visited by	
	Disinfectant	mminiM					* srii-i	) is (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual		表出 TO TEST			<b>法</b> 自己的	Before or at	Contact Time	Lowest Residual	l			Days Plant	
		In Charles		##0¥7 : 6460 .	2		Lar a remains the	Disinfectant		1.5			" "	
					1.5	15	Provided	trastrataisiC	4			100		
		1.3				14-17-16	Lowest CT			15 . 15	L 1			
		2504	<b>Τ</b> ΛΩ		- real states in		SHOUNG	CT Calcu		L			'	
				900	The second second second	Branda Artista (1984)	<ul> <li>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</li></ul>	Angliante and a second of the second			ł			
	4.000 (4.000)		*əldsəilan/	A li noitevi	Denl. striV	on I-mo	4 statzoms(	Lot asoft VII	T Calculations, or			<u> </u>	<u> </u>	L
	oxide	Chlorine D	(s	(Chloramine:	ed Chlorine	Combine	☐ ənin	Free Chlor	bution System:	irtsiG ni bə	nistnisM Isu	tant Resid	oəlniziQ 1	Type o
	****									(Descripe):	1 опре	norteibi	raviolet Ra	no d
	mcs)	e (Cnioram	инеа Съпоши	[_ Сошр	auozo l	exige f	ora sanora	hlorine [			Virus Inactiv			
		1 157 -	. 1151			- 10.55								
								May, 2004		:10	onth/Year c	M off the M	aily Data	<u>III' D</u>
	<del></del>	10				эсе	nəT İsirəqmi	Plant Name:		\$850555		Number:	entification	PI SMd
1								A		. 555566		<del></del>	· ~/.	

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. General Information for the Month/Year of: June, 2004 A. Public Water System (PWS) Information 3350584 PWS Identification Number: PWS Name: Imperial Terrace Consecutive PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Total Population Served at End of Month: 600 240 Number of Service Connections at End of Month: PWS Owner: Florida Water Services **VP Environmental Services** Contact Person's Title: Contact Person: Craig Anderson 32860-9520 City: Orlando State: Florida Zip Code: P.O. Box 609520 Contact Person's Mailing Address: (407) 598-4217 (407) 598-4199 Contact Person's Fax Number: Contact Person's Telephone Number: craiga@florida-water.com Contact Person's E-Mail Address: B. Water Treatment Plant Information 352-787-0980 Plant Telephone Number: Plant Name: Imperial Terrace Florida Zip Code: 32778 11709 Magnolia Drive City: Taveres State: Plant Address: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000 Plant Class (per subsection 62-699.310(4), F.A.C.): v C Plant Category (per subsection 62-699.310(4), F.A.C.) Day(s) / Shift(s) Worked License Class License Number " TOTAL Licensed Operators Name Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift 5825 Days 1st Shift Other Operators: Brian Heath 6597 Days 1st Shift John Worrell 7846 Days 1st Shift Gary Kissick II Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-6813 Will Fontaine License Number Signature and Date Printed or Typed Name

PWS Id	WS Identification Number: 3350584 Plant Name: Imperial Terrace													
III. D	III. Daily Data for the Month/Year of: June, 2004													
			Virus Inactiv				Chlorine Di		┌ Ozone	Comb	: Ch	(Chile		
1	raviolet R		•	r (Describe):	•	mornie [	Chiorine Di	oxide	Ozone	1 Comb	inea Chiorir	ie (Chioran	nines)	{
L.						<b>F F Q</b> 1		. C	- 1 Ch1	(Chloramine	٠, ٢-	Chlorine I	N	
Type c	f Disinted	tant Resid	lual Maintaii		ibution System:	▼ Free Chlo							Dioxide	VEW 1200 100 100 100 100 100 100 100 100 10
				C	T Calculations, or			our-Log	Virus Inac	tivation, if A				
						CT Calc	ulations				UŸI			
<u> </u>			* **				Lowest CT							
						Disinfectant	Provided				10.00	保護 交		
	Days Plant				Lowest Residual	Contact Time	Before or at		홋기 교실	144			Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum		
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Town of	ie Luk	Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow,	Flow, mg- min/L	Water Oc	if Applicable	Required, mg min/L	mW-sec/cm <sup>2</sup>	mW- sec/cm <sup>2</sup>	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
Month 1	"X") X	Operation 24.0	gal. 900	Rate, gpd.	reak rlow, mg/L =	minutes	milv£	water, C	II Applicable	mine	mw-sec/cm	Secreman	1.0	Our of Operation
2	X	24.0	900	<del></del>	1.7								1.0	
3	X	24.0	5,100		1.9			<del>                                     </del>					1.2	
4	Х	24.0	2,800		1.9	, , , , , , ,							1.2	
5	Х	24.0	400		1.8									
6		24.0	600										ļ	
7	X	24.0	600		1.5			ļ					1.0	
8	X	24.0	0		1.5			ļ					1.0 0.8	
9	X	24.0	10,080		1.4			<del>                                     </del>	<del> </del>				0.8	
10	X	24.0 24.0	2,300		1.4			<del> </del>					0.9	
12	X	24.0	58,000		1.7									
13		24.0	1,900	<u> </u>		<del></del>								
14	Х	24.0	1,900		1.5								0.9	
15	Х	24.0	0		1.4								0.8	
16	Х	24.0	0		1.4			ļ <u>.</u>	ļ	<b></b>		<u> </u>	0.8	
17	X	24.0	1,900		1.5								0.9	
18	X	24.0 24.0	300 1,150	ļ	1.6		<del> </del>	<del> </del>	<del> </del>				1.1	`
19	X	24.0	1,150	<del></del>	1.6		<del></del> -	<del> </del>	<del> </del>	<del></del>		<del> </del>	<del> </del>	
21	x x	24.0	0	<b></b>	1.5	4		<del>                                     </del>					1.0	
22	X	24.0	0	<b> </b>	1.5								1.0	
23	Х	24.0	0		1.4								1.0	
24	Х	24.0	2,700		1.6								1.0	
25	X	24.0	0		1.5			ļ	ļ				0,9	
26	Х	24.0	0		1.5		ļ	<b></b>	-				<del> </del>	
27	<del> </del>	24.0	350	<u> </u>	1.5			<u> </u>		<del> </del>	ļ	<del> </del> -	1.0	
28	X	24.0	350	<b> </b>	1.5		<del> </del>	<del> </del>		<del> </del>		<del> </del>	1.0	
30	X	24.0	0	<del> </del>	1.3	<b>-</b>	<del> </del>		<del> </del>	<del> </del>		<del> </del>	1.0	
<del>  ~</del>	<del>  ^-</del>	27.0		<b></b>			<del> </del>							
Total			93,380							_				
Avgerag	ge		4,915	1										

58,000

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. 1. General Information for the Month/Year of: July, 2004 A. Public Water System (PWS) Information 3350584 PWS Identification Number: PWS Name: Imperial Terrace Non-Transient Non-Community Consecutive ✓ Community Transient Non-Community PWS Type: Total Population Served at End of Month 600 Number of Service Connections at End of Month: 240 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Brian Heath Contact Person: Zip Code: 34748 Contact Person's Mailing Address 2315 Griffin Road City: Leesburg State: Florida (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information 352-787-0980 Plant Name: Imperial Terrace Plant Telephone Number: Zip Code: 32778 Taveres State: Florida Plant Address: 11709 Magnolia Drive City: ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000 Plant Class (per subsection 62-699.310(4), F.A.C.): ٧ Plant Category (per subsection 62-699.310(4), F.A.C.): License Number Day(s) / Shift(s) Worked License Class Licensed Operators Name Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift 5825 Days 1st Shift Other Operators: Brian Heath 6597 Days 1st Shift John Worrell 4 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C-6813 Will Fontaine License Number Printed or Typed Name Signature and Date

Ітрепа Тепасе

Plant Name

3350584

									i sid obinom tauce at-		571,26		VIII	Maximu
											112,01			Avgerag
											707,220			IstoT
											022 102			IntoT
									0.1		1,300	0.4.0	X	30
	5.1								8.1			0.42	$\frac{\lambda}{X}$	
	S.I						ļ. — — — — — — — — — — — — — — — — — — —		6.1		1,300			57
	9.1								6.1		0	0.47	X	87
	I.I								5.1		0	0.4.0	X	77
	<b>5</b> 1								L'I		5/1,26	0.42	X	97
											571,23	0.4.0		57
						ļ.—			t'l		0	0.42	X	34
	H								1.5		300	24.0	X	23
	1.2								S.I		008,2	0.42	X	77
	0.1								t'l		0	24.0	X	17
	1.1								4,1		0	74.0	X	70
	11								<i>t</i> 'l		320	0.42	X	61
											320	24.0		81
									τl		0	74.0	X	
	7.1								¿.I		2,600	24.0	X	91
	1.2								5.1		1,100	0.42	X	SI
	7.1								LI		17,300	24.0	X	14
	ÞΊ								LT		0	24.0	X	13
	2.1								91		2٬600	0.42	X	15
											2,900	24.0		ΙΙ
									€"1		0	0.4.0	X	10
	0.1							7	1.3		0	0.4.0	Х	6
	0.1					-			Þ.I		009	0.4.0	X	8
<u> </u>	7.1								5.1		(007)	0.42	X	L
	7.1								5'1		OLS	0.42	X	9
	£.1								L'I	- 100	1,450	24.0	X	. 5
				· · · · · · · · · · · · · · · · · · ·							1,450	0.4.0		t
									8.1		41,000	0.42	Х	ε
	7.1			<u> </u>					91		0	24.0	X	7
	11					<del> </del>			τI		008,1	0.4.0	Х	T
Out of Operation	System, mg/L	zec/cm <sup>2</sup>	my-sec/cm	Fir/unu	əldsənqqA'li	Water, C	J/uim	səmuiui	Peak Flow, mg/L	Rate, gpd.	. Esj .	Operation	("X"	Моліћ
Involves Taking Water System Components	Distribution	15 Mg/sal 6		Required, mg			Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	uı	(Place	əqı
Conditions, Repair or Maintenance Work that	Remote Point in	-Wm				to amaT	During Peak	Point During	Before or at First	ш., ч	Water	Hours plant		Day of
	Maria and the first of the first	Required,	100.000 0000 0000	TO muminiM		Server.	Customer	Measurement				10010 000011	Visited by	30
Emeroency of Abromasi Onerating	Concentration at	UV Dose	Lowest			200 S Sec			(Э) поцаноэноЭ	4.0	bədzini4 10			
	Disinfectant	amminiM	ISAMO I	32	10000000000000000000000000000000000000		1sii.H	O is (T)	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual		1.5				Before or at	Contact Time	Lowest Residual			l	Days Plant	
							Provided	Disinfectant						
							Lowest CT							
Emergency or Abnormal Operating					10 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	Contract of	X.751.55					1		
			1 <b>/</b>					CT Calcu		<u> </u>	1			
			*plicable	A li ,noitevi	Virus Inact	go.J-nuo	Jemostate F	UV Dose, to I	T Calculations, or	<b>O</b> C	l	}		l
	pixoi	Chlorine D	1 (9	(Chloramines	од Сијоние	Compine	rine	▶ Free Chlor	bution System:	ned in Distri	nal Maintair	tant Resid	of Disinfe	Гуре о
			<u>!</u> `		. 1101		<u> </u>			(Describe):				
	(com	mionio) si	mionia pan	011100 I	211020	2000	NAT OUR IONS						raviolet Ra	
	(seuir	acaopq <i>o)</i> a	riaold') bani		2002O	abixo	vir arrivold	hlorine	ે માનુ <u>તે</u> :[થ		Virus Inactiv			
· · · · · · · · · · · · · · · · · · ·				•				+007 'sinc		.16	ORTH LEAL	LAL STEE LOT	MANGE ALLE	4000

PWS Identification Number:

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



Cananal Information		Vacuati	54									
l. General Information	for the Month/	Year of: August, 20	U4									
A. Public Water System	(PWS) Informa	ation										
PWS Name:	Imperial Terrace					PWS Identification Number	er: 3350584					
PWS Type:	✓ Community	Non-Transient Non-Commu	unity T	ransient Non-Com	munity	Consecutive						
Number of Service Connec	tions at End of Mont	h: 240				otal Population Served at End of	f Month: 600					
PWS Owner:	Aqua Utilities Flori	da										
Contact Person:	Brian Heath				C	ontact Person's Title:	Area Manager					
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code:	34748				
Contact Person's Telephone		(352) 787-0980			C	ontact Person's Fax Number:	(352) 787-6333					
Contact Person's E-Mail Ac		beheath@aquaamerica.co	<u>m</u>									
3. Water Treatment Pla	ant Information											
Plant Name:	Imperial Terrace					Plant Telephone Number:	352-787-09	80				
Plant Address:	11709 Magnolia Dr				City: Taveres	State: Florida	Zip Code:	32778				
Type of Water Treatment by	<u>/</u>	✓ Raw Ground Water	Purchased Fini									
Permitted Maximum Day O				288,000	·							
Plant Category (per subsect				T		int Class (per subsection 62-699						
Licensed Operators		Name		License Class	License Num	·	y(s) / Shift(s) Worked					
Lead/Chief Operator:				С	6813	Days 1st Shift						
Other Operators:	Brian Heath			С	5825	Days 1st Shift						
John Worrell C 6597 Days 1st Shift												
			<del></del>		<u> </u>							
		<del></del>			ļ		······································					
				<b> </b>								
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				<del> </del>		<del></del>						
			<del></del>									
	l			1	L							
I. Certification by Leac	I/Chief Operato	r										
I, the undersigned wat	er treatment plan	t operator licensed in Florida,	am the lead/chie	f operator of the	water treatme	nt plant identified in part l	I of this report. I certify	that the				
		ue and accurate to the best of i										
		icable standards referenced in										
		operator staffed or visited this										
		process performance records.										
		report, at a convenient location			mese addition	ar operations records to in	ie rws owner so me rv	vs owner can				
retain mem, together v	viui copies of this	s report, at a convenient location	on for at least ter	ı years.								
			West Co.				0.000					
Cinnature and Date			Will Fontaine				<u>C-6813</u>	<del></del>				
Signature and Date			Printed or Typ	oed Name			License Nu	mber				

Page 1

PWS Ic	lentificaito	n Number:		3350584		Plant Name:	Imperial Ter	тасе						
	III. Daily Data for the Month/Year of:  August, 2004													
			g Virus Inactiv		val: <b>▽</b> Free C		Chlasia Di	assida	- Ozono	☐ Comb	· - 4 Ch1	(Cl. I	-:	
	traviolet R		Othe			mornic 1	Chiorine Di	oxide	1 Ozone	1 Comb	nnea Uniori	ne (Unioran	nines)	
L						F c cu	·	Cbin		(Chloramine	<u> </u>	Chlorine I	Niid-	
Type	t Disinte	ctant Resid	iual Maintai		ibution System:								Dioxide	But the second of the second o
			1		CT Calculations, or					tivation, if				
	i di salah s		T <sub>y</sub>			. CT Calc	ulations		/*		UV	Dose .		
						<b>国际企图文</b> 》	Lowest CT							
						Disinfectant	Provided							
1.54	Days Plant		literatura di	İ	Lowest Residual	Contact Time	Before or at				过轨 湿		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First			1/11		Minimum	Disinfectant 4	
Sept. Was	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose		Emergency of Abnormal Operating
Day of	Operator	Hours plant			Before or at First	Point During	During Peak	Town of		Minimum CT Required, mg		Required, mW-		Conditions, Repair of Maintenance Work that Involves Taking Water System Components
the Month	(Place	in Operation	Producted, gal.	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow,	Flow, mg- min/L	Water O	if Applicable	, Kequirea, ing	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	Distribution System, mg/L	Out of Operation
1	^)	24.0	150	Rate, gpd.	reak riow, mg/C	**************************************	HILLO	waica, c	пуфриское	tiano E	HIJV-SCC/CIII	SCOOL	System, mg L	Company of the Compan
2	Х	24.0	150	<del></del>	0.9			<del> </del>	<del> </del>	†			0.8	
3	Х	24.0			1.5								0.8	
4	X	24.0	0		0.5								0.9	
5	X	24.0	1,300		0.9								0.6	
6	X	24.0	142,000		2.2					<u> </u>			2.2	
7	Х	24.0	0	ļ	1.6	[		<b></b>	<b></b> '		ļ			
8	<del></del>	24.0	300 300		1.5	<u> </u>		<b> </b>	<del> </del>	<del> </del>			1.3	
10	X	24.0	<del></del>	<del> </del>	1.3				<del> </del>	<del> </del>		<del> </del>	1.0	
11	X	24.0	6,510	<del></del>	1.4			<del> </del> -	<del> </del>			<del> </del>	1.1	
12	X	24.0	1,500		1.4				ļ —				1.2	
13	Х	24.0	0		1.2								1.2	
14	Х	24.0	100		1.3									
15		24.0	25,100		ļ			ļ						
16	X	24.0	25,100		1.5				<del> </del>			ļ	1.2	
17	X	24.0	0	<u> </u>	1.4	<del> </del>	<u> </u>		<del> </del>	<u> </u>		<del> </del>	1.1	
19	X	24.0	1,830 3,100	<del> </del>	1.5			<del> </del>	<del>                                     </del>			<del> </del>	1.1	
20	X	24.0	0		1.4				·	<del> </del>		<b></b>	1.2	
21=	X	24.0	1,800		1.4				<b>T</b>					
22		24.0	2,650					L						
23	X	24.0	2,650		1.5								1.3	
24	X	24.0	1,000		1.4					ļ			1.2	
25	X	24.0	0		1.0	<u> </u>		<del> </del>	<del> </del>	ļ		ļ	1.0	
26	X	24.0	3,100	<del> </del>	1.9			<u> </u>	<del> </del>	ļ		<del> </del> -	1.0	
28	X	24.0	800	<del></del>	1.6	<del> </del>		ļ ——	<del> </del> -		<del> </del>	<del> </del>	1.1	
29		24.0	2,050	<del> </del>	1.0	<del>                                     </del>	<b></b>	<del> </del>	<del>                                     </del>	<del>                                     </del>	<b> </b>	<b> </b>	<del> </del>	<u> </u>
30	Х	24.0	2,050	<del> </del>	1.7		-		<del> </del>	<del> </del>		<del>                                     </del>	1.2	
31	X	24.0	0		1.4								1.1	
Total	<u>.</u>		223,540											
Avgerag	ge	1	10,645	]										

142,000

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr								
l. General Information	for the Month/	Year of: September, 2004						
A. Public Water System	ı (PWS) Informa	ation						
PWS Name:	Imperial Terrace					PWS Identification Number:	3350584	
PWS Type:	Community	Non-Transient Non-Community	Tra	ansient Non-Comr	nunity	Consecutive	333000.	
Number of Service Connec						Total Population Served at End of Mo	onth; 600	
PWS Owner:	Aqua Utilities Florid	ia			<del></del>			
Contact Person:	Brian Heath					Contact Person's Title: Ar	ea Manager	
Contact Person's Mailing A	Address:	2315 Griffin Road			City: Leesburg	<del></del>	Zip Code:	34748
Contact Person's Telephone	Number:	(352) 787-0980				·	52) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.com						
3. Water Treatment Pla	ant Information							
Plant Name:	Imperial Terrace					Plant Telephone Number:	352-787-09	80
Plant Address:	11709 Magnolia Dr	ive			City: Taveres	State: Florida	Zip Code:	32778
Type of Water Treatment by	y Plant:	✓ Raw Ground Water Pu	rchased Finis	hed Water				
Permitted Maximum Day C				288,000				
Plant Category (per subsect		.A.C.): V				ant Class (per subsection 62-699.310		
Licensed Operators		Name		License Class	License Nur	nber Day(s	) / Shift(s) Worked	<b>建筑企业支援</b>
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Marty Neal			C	10027	Days 1st Shift		
					·			
				1				
I Certification by Lead	I/Chief Operato	r						
		t operator licensed in Florida, am th	e lead/chief	operator of the	water treatm	ent plant identified in part I of	this report I certify	that the
		ue and accurate to the best of my kn						
		icable standards referenced in subse						
	=	operator staffed or visited this plant	-					
		process performance records. Furth			these addition	nal operations records to the P	WS owner so the PV	vs owner can
retain them, together v	with copies of this	report, at a convenient location for	at least ten	years.				
		,	Vill Fontaine				C-6813	
Signature and Date		<del></del>	rinted or Type	d Name			License Nur	mher
		1	·····ca or Type	a mile			Liceise Nui	noci

Imperial Terrace

Plant Name:

The Part of												027,8		tur	umixeM
Post   Post															
1															[bto]
2.0		T		I				l					7¢ 0	1	
Commontary   Com		p.I								8.1		5,400	24.0	Х	
The Positive Card Residual Maintained in Distribution System   Canimad Chiname China															
Type of Days   Days						<u> </u>		i							
Application   Continued in Distribution   Provided						-									
Application   Application			ļ <u>-</u>					<del> </del>				001,1	24.0		
The property of the property		<del></del>								L'I				X	
12   13   15   15   15   15   15   15   15		5.1			l							4,300	24.0		
Comparing the contribution System   Comparing O'Altrewige from Legislation												3,000			
Type of Dystriceting Residual Maintained in Distribution System of Language   Compined Chlorine (Chloramines)   Characteristic Chlorine (Chlorine Chlorine)   Chlorine (Chlorine)   Chlorine (Chlori			l												
Comparing the part of Action   Part Residual Maintained in Districtions of Action   Part Residual Maintained in Districtions System   Part Residual Maintained in Districtions   Part Residual Main															
15   15   15   15   15   15   15   15		1			l										
12   27   27   27   27   27   27   27		<del></del>			<b>—</b> —										
17   Mean of Achieving Four-Log Vinter British (1904) From the Achieving Four-Log Vinter Briti		·								1.1		<del></del>		Х	
17-   Ultraviolet Residual Palintained in Distributions System:   Citione   Citione Chloramines   Citiones Chloramines   Citi		9.1							1			<del></del>			
15   X   240   1500   15   15   15   15   15   15					<del>                                     </del>			1 —	1		<b></b>				
Unavoiced Relation													<del></del>		
Type of Disinfectant Residual Maintained in Distribution System.    Type of Disinfectant Residual Maintained in Distribution System.   Calculations of Democratic Portrol Posts (Portrol Posts)   Calculations of Democratic Posts (Portrol Posts)   Calculations of Democratic Posts (Posts)   C			<del></del>	<u> </u>								006'1	24.0	X	$\overline{}$
Noems of Active of Parished Relation   Collecting Foundation Parish   Customer University Relation   Customer University Rel	<del></del>	L							<u> </u>				<del></del>	X	
Type of Disinfectant Residual Maintained in Distribution System   Conformer   Combined Chloramines   Conformer   Computed Relation   Type of Distribution System   Conformer   Computed Relation   Type of Distribution System   Conformer   Conform												000.4			71
Type of Disinfectant Residual Maintained in Distribution System   Conformer   Combined Chloramines   Conformer   Computed Relation   Type of Distribution System   Conformer   Computed Relation   Type of Distribution System   Conformer   Conform									· · · · · · · · · · · · · · · · · · ·	<u>'</u> Ι'Ι		008,1		X	
Means of Active Ving Pour Park Plant (Potential Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained in Distribution Systems   Towast Residual Maintained Maintained in Distribution Systems   Towast Residual Maintained Maintained in Distribution Systems   Towast Residual Maintained Maintained in Distribution Systems   Towast Residual Maintained Maintaine		1.1							-			008	24.0	X	10
Means of Active wing Four-Log Virus Inactivation/Removal:  Type of Disnificerant Residual Maintained in Distribution System:  Type of Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained in Disnificerant Residual Maintained Residual Mainta		<del>                                     </del>		f											
Means of Achieving Four-Log Vitas Inscitvation/Removal:  Type of Disinfectant Residual Maintained in Distribution System:  CT Calculations, or UV Dose, to Demostate Four-Log Vitas Inscitvation, if Applicable for the Chlorine (Chloramines)  Type of Disinfectant Residual Maintained in Distribution System:  CT Calculations, or UV Dose, to Demostate Four-Log Vitas Inscitvation, if Applicable from the Chloramines of the Chloramines								1	i			065,4	24.0	X	
Means of Achieving Four-Log Virus Inacivation/Removal:    Distribution System:   Contact Time		1.0		f	<del></del>			· · · · · · · · · · · · · · · · · · ·		t l		007	0.42	X	L
Means of Achieving Four-Log Virus Inacivation/Removal:    Distribution System:   Contact Time		<del></del>				<b> </b>		<del> </del>	<del> </del>			008,1			
Means of Activering Four-Log Virus Inactivation/Removal:    Type of Disinfectant Residual Maintained in Distribution System:   Days Plant   Days Pla				†		-								<u> </u>	
Measure of Achieving Four Log Virus Inscivation/Removal:  Type of Dismicerant Residual Maintained in Distribution System:  CT Calculations, or UV Dose, to Demostate Four Log Virus Inscivation, if Applicable*  CT Calculations, or UV Dose, to Demostate Four Log Virus Inscivation, if Applicable*  CT Calculations, or UV Dose, to Demostate Four Log Virus Inscivation, if Applicable*  CT Calculations, or UV Dose, to Demostate Four Log Virus Inscivation, if Applicable*  CT Calculations, or UV Dose, to Demostate Four Log Virus Inscidential Maintained in Distribution and Vision Customer Uning Post Flow, mg/L  Day of Operation Hour plan  Water Version Earl Power Plan  Operation  Operation  Operation  Viring Post Flow, mg/L  And Cascing During  Operation  Operation  Operation  Operation  Viring Post Flow, mg/L  Minimum CT Operation  (Place in Post Plan  Viring Post Flow, mg/L  And Cascing During  Operation  Oper			<del>                                     </del>	<u> </u>		<del></del>			<del></del>	<i>L</i> 'I				X	
Means of Achieving Four-Log Virus Inactivation/Removal:  Type of Disinifectant Residual Maintained in Distribution System:  Days Plann Month "X")  Official of Choramines (Plosation)  Type of Disinifectant Residual Maintained in Distribution System:  Days Plann Days Plann (Plosation)  Days Plann Water (Plosation)  Type of Distribution (S)  Days Plann Water (Plosation)  Days Plann Water (Plosation)  Days Plann Water (Plosation)  Type of Distribution (S)  Days Plann Water (Plosation)		171				1						005			ε
Means of Achieving Four-Log Virus Inscrivation/Removal:  Type of Disinfectant Residual Maintained in Distribution System:  CT Calculations, or UV Dose, to Demostate Four-Log Virus Inscrivation, if Applicable  Days Plant  Days Plant  Days Plant  Type of Disinfectant  Days Plant  Day		5.1									i				
Means of Achieving Four-Log Virus Inscitusion/Removal:  Type of Disinfectant Residual Maintained in Distribution System. Visited by Vicus Inscitusion (Place on ai First Hown the Contract Uning Salary Contract Uning Salary Contract Uning Salary Contract Uning Salary Contract Uning Salary Contract Uning Salary Contract Uning Salary Contract Uning Salary Contract Uning Salary Contract Uning Salary State Salary Contract Uning Salary State Salary Contract Uning Salary State State Salary Contract Uning Salary State State Salary State Sala														1	
Means of Achieving Four-Log Virus Inactivation/Removal: Type of Disinfectant Residual Maintained in Distribution System for Item (Place of Place of Place)  Type of Disinfectant Residual Maintained in Distribution System for Item (Place of Place)  Type of Disinfectant Residual Maintained in Distribution System for Item (Place of Place)  Type of Disinfectant Residual Maintained in Distribution System for Item (Place of Place)  Type of Disinfectant Residual Maintained in Distribution System for Item (Place of Place)  Type of Disinfectant Residual Maintained in Distribution System for Item (Place of Residual Place)  Type of Disinfectant Residual Maintained in Distribution System for Item (Place of Residual Place)  Type of Disinfectant Residual Maintained in Place of Residual Plac	Out of Operation		_uz/zəs	mW-sec/cm	Tonu	ii Applicable	Water, C	7/uu	səmuru		Kate, gpd.				
Means of Achieving Four-Log Virus Inactivation/Removal: Total Distribution System:    Ultraviolet Radiation   Conditions		11 A 1 A 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	17.0			pH of Water,	no dina r	The same to the same of the sa	But the state of the control of t	The second secon	The second second				,
Means of Achieving Four-Log Virus Inactivation/Removal: To ther (Describe):  Tultraviolet Radiation  CT Calculations, or UV Dose, to Democrate Four-Log Virus Inactivation, if Applicable*  CT Calculations, or UV Dose, to Democrate Four-Log Virus Inactivation, if Applicable*  CT Calculations  CT	Conditions, to page 10 meters to make the conditions		1,000	Operating	Minimum CI		30 0000	No. 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1	The state of the state of	<ul> <li>A service of the servic</li></ul>		E. C. L. W. S. B.			3 .
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Pioxide Chlorine (Chloramines) Combined Chlorine (Chloramines) Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines)	Emergency or Abnormal Operating							1 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Dioxide Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide		· 医多克克氏 化二甲基甲基酚 "是一个这样的。"									A		1		2
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Pioxide Chlorine (Chloramines) Combined Chlorine (Chloramines) Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines)			· 技术		. 然为一										
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Dioxide Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	The state of the s			AN THE	2.44.	427.25		the second of th							
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Dioxide Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide			2.00												
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Dioxide Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide						<b>从城市的基</b>	Date for the					Part Harri	ŀ		- '
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Dioxide Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9SO(	$\overline{\Omega}$ $\overline{\Omega}$				Suonsli	CT Calcu	선생님 : 10 10 10 10 10 10 10 10 10 10 10 10 10				1	1.
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Dioxide Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  Type of Disinfectant Residual Maintained in Distribution System: Pree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide			Apprecia	pplicable*	A II , notievi	Virus Inaci	go/1-no	Demostate F	UV Dose, to I	I Calculations, or	$\circ$	1			
Means of Achieving Four-Log Virus Inactivation/Removal: Pree Chlorine Dioxide Chlorine Dioxide Combined Chlorine (Chloramines)  Ultraviolet Radiation Combined Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Combined Chlorine (Chloramines)	1. 1. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	2DMOI										TIBINIBIVI IBU	DIS931 HIBI	a District	r Abe o
Means of Achieving Four-Log Virus Inactivation/Removal: 🔽 Free Chlorine Dioxide 🤳 Ozone 🦷 Combined Chloranines)			C Seineld'S		——————————————————————————————————————	egizold') be		ب عسنا	-14.0 e-3 <u>/</u>						-
III. Daily Data for the Month/Near of: September, 2004		(səui	е (Сррогат	ninoldD bəni	Comb	əuozO 📗	əpixo	Ohlorine Dio	oninoln	al: Prec	ation/Remov	Virus Inactive	g Four-Log	nivəidəA 10	Means o
								t	September, 200-		:10	onth/Year o	for the M	aily Data	III D

PWS Identification Number:

3350584

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.

See 1 ages 4 for flish uctions.												
I. General Information for the Month	/Year of: October, 2004											
A. Public Water System (PWS) Inform	ation											
PWS Name: Imperial Terrace				PWS Identification Number	3350584							
PWS Type:	Non-Transient Non-Community	Transient Non-Com	munity [	Consecutive								
Number of Service Connections at End of Mon	ith: 240		Total I	Population Served at End of N	Month: 600							
PWS Owner: Aqua Utilities Flor	ida											
Contact Person: Brian Heath			Contac	ct Person's Title:	Area Manager							
Contact Person's Mailing Address:	2315 Griffin Road		City: Leesburg	State: Florida	Zip Code: 34748							
Contact Person's Telephone Number:	(352) 787-0980		Contac	ct Person's Fax Number: (	(352) 787-6333							
Contact Person's E-Mail Address:	beheath@aquaamerica.com											
B. Water Treatment Plant Information	1											
Plant Name: Imperial Terrace				Plant Telephone Number:	352-787-0980							
Plant Address: 11709 Magnolia D			City: Taveres	State: Florida	Zip Code: 32778							
Type of Water Treatment by Plant:		ed Finished Water										
Permitted Maximum Day Operating Capacity of		288,000										
Plant Category (per subsection 62-699.310(4),		- T		ass (per subsection 62-699.3								
Licensed Operators	Name	License Class			(s) / Shift(s) Worked							
Lead/Chief Operator: Will Fontaine		C		Days 1st Shift								
Other Operators: Marty Neal C 10027 Days 1st Shift												
The state of the s			<del>-</del>									
				<u> </u>								
	~											
-   Marking												
(1) 1972 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2) 1973 (2				L								
II. Certification by Lead/Chief Operate	or											
	nt operator licensed in Florida, am the lead	d/chief operator of the	water treatment n	lant identified in part I o	of this report. I certify that the							
	rue and accurate to the best of my knowled											
	licable standards referenced in subsection											
	operator staffed or visited this plant during											
	t process performance records. Furthermo	_	, ,		the state of the s							
			these additional of	perations records to the	Pws owner so the Pws owner can							
retain them, together with copies of the	is report, at a convenient location for at lea	asi ien years.										
	Will Fo	ontaine			C-6813							
Signature and Date	Printed	or Typed Name			License Number							

Imperial Terrace

Plant Name:

											36,400			maxsM
											3,510		Э	Avgerage
											047,08	<u> </u>		LetoT
					<u> </u>						2,800	0.42	X	15
									4.1		2,800	74 0	X	30
	0.1								<b>b</b> `l	L	0	24.0	X	56
	<b>p</b> .0				L			<u></u>	5.1		000'9	24.0	X	78
	[]			L	L				5.1	<u> </u>	0	24.0	X	1.7
	0.1				L				†'I		008	24.0	X	97
	1'0								かし		2,000	24.0	X	52
			L						SI		2,500	0.42	X	74
					L						2,500	24.0		23
	01				L				\$.I	<u></u>	007	0.42	X	77
	11				<u> </u>				1.5		2,200	0.42	X	17
	1.0								91		0	0.42	X	50
	1.0								5.1		006'1	0.42	X	61
	6.0								<b>⊅</b> 'I		056,1	24.0	X	81
											1,950	0.42		LI
									71		0	24.0	_X	91
	1.0								91		0	24.0	X	12
	6.0				<u> </u>				1.3		006'1	74.0	X	14
	6.0								5.1		001	24.0	X	13
	1.0			<u> </u>	<u> </u>				†′l		0	24.0	X	15
	0.1				L				91		006'I	24.0	X	li
										L	006'1	0.42		01
									٤,١		36,400	24.0	X	6
	6.0								<b>1</b> .4		300	24.0	X	. 8
	0.1								91		3,300	74.0	X	L
	0.1		L						<b>†</b> I		0	24.0	Х	9
	6.0								S'I		1,140	24.0	X	S
	17								5'1		1,500	24.0	X	Þ
											005'1	0.4.0		ε
									91		0	0.42	X	7
	0.1								S.I		2,400	24.0	Х	1
Out of Operation	System, mg/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>		eldsoilqqA li		ு 7/யய	sənunı	Peak Flow, mg/L	Rate, gpd	. Lag	Орстацоп	("X"	Month
Involves Taking Water System Components	nonudinaid	-Wm		Required, mg		Temp of	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	ui ui	(Place	эų
Conditions, Repair or Maintenance Work that	Remote Point in	Required,	Quitaring	TO muminiM		<b>第</b> 5英三	During Peak	garnuG miog	Before or at First		Water	Hours plant	Орегают	Day of
gning Chamond A Senting	Concentration at	OA Doze	Lowest				Customer	Measurement	Concentration (C)		bodsini To		Visited by	
	Disinfectant.	muminiM			2 X		* jzniT	3 is (T)	Disinfectant	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Net Quantity		Staffed or	
	Lowest Residual					3.74	Before or at	Contact Time	Lowest Residual				And the Control of the Control	1
							77.72		lenthised team [				Days Plant	1 . 1
							- Provided	Disinfectant					1111	
							Lowest CT							
			Harrister.							198			. *	
### Second Secon			፤ ለበ			talled a region to the	20.00	CT Calcu	Mar <u>i kalija</u> ndir					
			* <del>oldsoilgq</del>	Ti ,noitevi	Virus Inaci	go.I-mo	Jemostate I	UV Dose, to I	T Calculations, or	$\mathbf{c}$				
	əpixotç	Chlorine T		(Chloramine				N Free Chlo	bution System:		neintely teu	DISƏM IUPI	opiuisia i	o adkı
	., .,			(4.)/		.4	<del></del>	-10a <u></u>						-
	(com	imiomo) si	THOMAS BOW	ouron 1	211070	ann (	u er albiaria			(Descripe):			A teloiven	
	- tagair	- Chlan	hani	L Comb	2002O _	əbixo	i Chlorine Di	T annoth	al: 🔽 Frœ C	vation/Remov	vitas Inactiv	goJ-me4 gr	n <mark>vəidəA</mark> 10	Means (
								October, 2004		:10	outh/Year	for the M	aily Data	III. D

PWS Identification Number:

\$350584

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See	Pages	4	for	Instructions.
-----	-------	---	-----	---------------

See Pages 4 for Instructions.						
. General Information for the Month	Year of: November, 2004					
A. Public Water System (PWS) Inform	ation					
PWS Name: Imperial Terrace				PWS Identification Number	er: 3350584	
PWS Type:	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive		
Number of Service Connections at End of Mon	th: 240		Total	Population Served at End of	Month: 600	
PWS Owner: Aqua Utilities Flori	ida			<u> </u>		
Contact Person: Brian Heath			Conta	ct Person's Title:	Area Manager	
Contact Person's Mailing Address:	2315 Griffin Road		City: Leesburg	State: Florida	Zip Code:	34748
Contact Person's Telephone Number:	(352) 787-0980		Conta	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com					
B. Water Treatment Plant Information	1					
Plant Name: Imperial Terrace				Plant Telephone Number:	352-787-0980	0
Plant Address: 11709 Magnolia D			City: Taveres	State: Florida	Zip Code:	32778
Type of Water Treatment by Plant:		sed Finished Water				
Permitted Maximum Day Operating Capacity o		288,000				<del> </del>
Plant Category (per subsection 62-699.310(4), I				lass (per subsection 62-699.		ORDERS & LENGTH
Licensed Operators	Name	License Class	License Number		y(s) / Shift(s) Worked	
Lead/Chief Operator: Will Fontaine		C	6813	Days 1st Shift		
Other Operators: Marty Neal		C	10027	Days 1st Shift		
					· · · · · · · · · · · · · · · · · · ·	
						<u></u>
						·
(A) TATA (A) A A A A A A A A A A A A A A A A A				<u> </u>		
I. Certification by Lead/Chief Operato	or					
I, the undersigned water treatment plan	nt operator licensed in Florida, am the lea	d/chief operator of the	water treatment p	lant identified in part I	of this report. I certify t	that the
	rue and accurate to the best of my knowle					
	licable standards referenced in subsection					
	operator staffed or visited this plant duri					
(2) if applicable, appropriate treatment	t process performance records. Furtherm	ore. I agree to provide	these additional o	pperations records to the	e PWS owner so the PW	S owner can
(2) if applicable, appropriate treatment		iore, rugice to provide	these additional c	perations records to an	o x 11 5 0 11101 50 the x 11	D 0
retain them together with conies of the						
retain them, together with copies of the	is report, at a convenient location for at le					
retain them, together with copies of the	is report, at a convenient location for at le				C-6813	

PWS Id	WS Identification Number: 3350584 Plant Name: Imperial Terrace													
			lonth/Year o	nf:		November, 200	4							
					ol: CT D - C	_ <del></del>		<del></del>			. 1011			
b .			y Virus Inactiv			morme	Chlorine Die	oxide	Ozone	I Comb	ined Chlorin	ne (Unioran	nines)	İ
	traviolet Ra		C Other							.011	<del></del>	<u> </u>	1	
Туре с	of Disinfec	ctant Resid	lual Maintair		ibution System:					(Chloramine:		Chlorine D	Dioxide	7 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
				C	T Calculations, or					tivation, if /				
		J. 31	ا ا			CT Calc				11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Oose		
		1	1			1.143	PERIODIAN	N. S.					[1] 。劉	
	Sep 1.034					Disinfectant	Lowest CT Provided					医多须用		
	Days Plant		۱		Lowest Residual	Contact Time	Provided :		S			l Bail	Lowest Residual	
	Staffed or	1	Net Quantity	<b>!</b>	Disinfectant	(T) at C	First	burra			医毛质菌	Minimum	Disinfectant 4	
1	Visited by	[	of Finished	1	Concentration (C)	Measurement	Customer	kiya Sa			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	i I	<b>\</b>	Before or at First	Point During	During Peak	<b>.</b>		Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-		Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	2,800	<b></b>	1,4	ļ		<b> </b>		<del> </del>	<u> </u>	<u> </u>	1.0	
3	X	24.0	1,760 2,600	<del> </del>	1,3	<del></del>	<del> </del>	<b> </b>	<del> </del>		<b> </b>	<del> </del> -	9.0	
4	X	24.0	2,600	<del>                                     </del>	1.3	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	<b> </b>	<b></b>	0.8	
5	$\frac{x}{x}$	24.0	2,300	<del> </del> -	1.3	<del> </del>		<b> </b>	ļ — —	<b> </b>	<b> </b>		0.9	
6	X	24.0	1,600		1.3	<b>—</b>	<b> </b>	ļ						
7		24.0	3,100			l								·
8	Х	24.0	3,100		1.3								0.8	
9	Х	24.0	3,100		1.6					ļ <u> </u>		L	1.0	
10	Х	24.0	0		1.5			L			ļ	<u> </u>	1.0	
11	X	24.0	4,100		1.2	ļ	<del></del>	<del></del>	<b></b>	<del>                                     </del>	<b></b>	ļ	0.9	
12	X	24.0	8,400	<del> </del>	1.1	<u> </u>	<del> </del>	ļ ———	<b></b>	<del> </del>	<b> </b>	<b> </b>	1.0	
13 14	X	24.0 24.0	2,000	<del> </del> -	1.1	ļ	<del>                                     </del>	<del> </del>		<del>  </del>	<del> </del>	<del> </del>	<del>                                     </del>	
15	Х	24.0	2,000	<del> </del>	1.0	<del> </del>	<del> </del>	<del>                                     </del>	<b>-</b>	<del>   </del>	<del></del>	<del>                                     </del>	0.8	
16	X	24.0	2,000	<del> </del>	1.0	<del> </del>	<del>                                     </del>	<b></b>	<del>                                     </del>		<del></del>	<del>                                     </del>	0.9	
17	X	24.0	0	<del>                                     </del>	0.9		1	<del>                                     </del>					0.9	
18	X	24.0			1.2								0.9	
19	X	24.0	900		1.1								1.0	
- 20 🗵	Х	24.0			1.1		ļ				L	ļ		<u> </u>
21		24.0	1,900	ļ	<u> </u>		<u> </u>	ļ		<del> </del>	<b>_</b>			
22	X	24.0	1,900	<b></b>	1.0		<del></del>	<del></del>		<del> </del>	ļ	<b> </b>	0.8	
23	X	24.0	2,200		1.3	<del></del>	<del> </del>	<del> </del>	<del></del>	<del> </del>	<del></del>	<del></del>	1.0	
24 25	X	24.0	2,600 1,800	<b></b>	1.4	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del> -	<b>——</b>	<del> </del>	0.9	
26	X	24.0	300		1.0		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		<del> </del>	<del>                                     </del>	0.9	
27	X	24.0	0	<b> </b>	1.0		1	<b>—</b>						
28		24.0	2,250	<u> </u>										
29	х	24.0	2,250		0.9								0.8	
30	Х	24.0			1.0		<u> </u>		<u> </u>	<u></u>	<u> </u>		0.8	
31		24.0		ļ	L	L		<u> </u>	L	<u></u>	<u></u>	L	<u> </u>	L
Total			57,660	1										
Avgerag	e		2,507	ĺ										

8,400

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information,



#### Polymer Page 3 Due in December

See Pages 4 for Instructions.			<u> </u>		
I. General Information for the Month/Yes	ar of: December, 2004				
A. Public Water System (PWS) Informatio	on ·				
PWS Name: Imperial Terrace		<del></del>		PWS Identification Number:	3350584
PWS Type:	Non-Transient Non-Community	ransient Non-Comn	nunity	Consecutive	
Number of Service Connections at End of Month:	240		Total	Population Served at End of Month:	600
PWS Owner: Aqua Utilities Florida			·		
Contact Person: Brian Heath			Conta	act Person's Title: Area Manager	r
Contact Person's Mailing Address: 23	15 Griffin Road		City: Leesburg	State: Florida	Zip Code: 34748
Contact Person's Telephone Number: (35	52) 787-0980		Conta	act Person's Fax Number: (352) 787-633	33
	eheath@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Imperial Terrace				Plant Telephone Number:	352-787-0980
Plant Address: 11709 Magnolia Drive			City: Taveres	State: Florida	Zip Code: 32778
	Raw Ground Water Purchased Fin	ished Water			
Permitted Maximum Day Operating Capacity of Plan	<del></del>	288,000			
Plant Category (per subsection 62-699.310(4), F.A.C				Class (per subsection 62-699.310(4), F.A.C.	·
Licensed Operators	Name	License Class	License Number		) Worked •
Lead/Chief Operator: Will Fontaine		C	6813	Days 1st Shift	
Other Operators: Marty Neal		C	10027	Days 1st Shift	
				<u> </u>	
				<u> </u>	
	<del></del>	<b></b>	<u>:</u>		
				<u> </u>	
II. Certification by Lead/Chief Operator					
		C		1	at I and Cathodala
· · ·	perator licensed in Florida, am the lead/chie	-	•		· · · · · · · · · · · · · · · · · · ·
	and accurate to the best of my knowledge a		•	~	•
	ble standards referenced in subsection 62-5				
	erator staffed or visited this plant during the				
	ocess performance records. Furthermore, I		these additional of	operations records to the PWS own	er so the PWS owner can
retain them, together with copies of this re	port, at a convenient location for at least ter	n years.			
	Will Fontaine	:			C-6813
Signature and Date	Printed or Ty	ped Name			License Number
	3.	•			

											001'5			umixsM
											E16'I			Avgerag
											064,88		76 F	IstoT
	0.1								1.3		2,700	24.0	X	18
	0.1								LI		4,700	24.0	X	30
	0.1								1.0		001,1	24.0	X	67
	8.0								6.0		1,100	24.0	X	87
	8.0								0.1		001,1	24.0	X	LT
									[1]		008	24.0	X	97
											008	24.0		72
	0.1								7'1		300	24.0	X	74
	6.0								FI	L	2,500	0.42	X	52
	6.0								0.1		001,1	24.0	X	77
	6.0								7.1		002,1	24.0	X	71
	0.I								71		009,€	24.0	X	70
											009,ε	24.0		61
									0.1		009	24.0	Х	81
	6.0								6.0		300	24.0	Х	LI
	8.0					L			6.0		3,000	24.0	X	- 91
	8.0								0.1		0	0.4.0	X	SI
	6.0								0.1		700	24.0	Х	ÞΙ
	6.0								£.1		05L'Z	0.42	X	13
											2٬۲۶۵	24.0		71
									0.1		1,200	0.42	X	П
	6.0							1	- I'I		905	24.0	X	10
	6.0								£.1		001,2	24.0	X	6
	8.0								6'0		002,1	24.0	Χ	- 8
	8.0								01		006	0.42	X	L
	6.0								01		008,1	24.0	X	9
											008,1	0.42		ς
									11		009'1	0.42	X	b
	8.0								0.1		0	0.4.0	X	3
	8.0								2.1		2,100	24.0	X	7
	8.0							, , , , , , , , , , , , , , , , , , , ,	11		968,£	24.0	X	1
" in nonsrido lo no	. System, mg/L	sec/cm <sup>2</sup>	mW-sec/cm <sup>2</sup>		əldsəilqqA Yi		J\nim	sənunu	Peak Flow, mg/L	Rate, gpd	lag.	Operation	("X"	runoM
Involves Taking Water System Components	Distribution	-Wm	UV Dose,	Required, mg	Hq of Water,	Temp of	-gm ,wol4	Peak Flow,	Customer During	Peak Flow	Producted,	ui	(Place	əqı
Conditions; Repair or Maintenance Work that	Remote Point in	Required,		Minimum CT			During Peak	Point During	Before or at First		Water	Hours plant	Operator	Day of
Emergency or Abnormal Operating	Concentration at	UV Dose	Lowest	elet voe.			Customer	Measurement	(D) nousanasonoD		benzini To		Visited by	
	Disinfectant	muminiM-	Lowest				First	O is (T)	Disinfectant		Net Quantity		Staffed or	Ì
	Lowest Residual						Before or at	Contact Time	Lowest Residual				Days Plant	
		2 34		THE PARTY			Provided	Disinfectant						
antered laminity to viscoun-	āg. Lita		in Land				TO IsawoJ						1	·
			The second second	* \$40 - 12 d		A second		1			1 1			
						AND THE		CT Calcu			l	1		
			*pplicable*	li inoitevi	Virus Inac	20A-1uo	1 stateomsC	UV Dose, to I	T Calculations, or	Э		<u> </u>		
	əbixoid	Chlorine D	(s	(Chloramine	ed Chlorine	Combine	Tine Finit	Ltee Chlor	bution System:	inziQ ni bər	ristnisM lsu	tant Resid	elnisiQ l	Type o
			<del></del>							. (Descupe):			Raviolet R	- 4
	(səun	e (Chloran	nined Chlorin	I Comp	ouoz∩ I	əpixo	വാവാധ വ	ротіле Г				_		1
	,		. 11071:	· ~		- F ? · ·					virus Inactiv			
			····				t	December, 2004		:10	onth/Year o	for the M	sis Data	III. D
		· · · · · · · · · · · · · · · · · · ·				эсс.	noT laineqml	Plant Name:	1	3320284		п Митрет:	oitsoftina	PI SMd

 $<sup>\</sup>boldsymbol{\ast}$  Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions. 1. General Information for the Month/Year of: January, 2005 A. Public Water System (PWS) Information PWS Identification Number: 3350584 PWS Name: Imperial Terrace PWS Type: Transient Non-Community Consecutive ✓ Community Non-Transient Non-Community Number of Service Connections at End of Month 240 Total Population Served at End of Month: 600 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number (352) 787-6333 beheath@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information 352-787-0980 Plant Name: Imperial Terrace Plant Telephone Number: Zip Code: 32778 11709 Magnolia Drive Taveres State: Florida Plant Address: City: Purchased Finished Water Type of Water Treatment by Plant: ✓ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): License Number Day(s)/Shift(s) Worked Licensed Operators Name License Class Lead/Chief Operator: Will Fontaine 6813 Days 1st Shift Other Operators: Marty Neal 10027 Days 1st Shift

#### II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and DateWill FontaineC-6813Printed or Typed NameLicense Number

PWS Id	entification	Number:		3350584		Plant Name:	Imperial Ter	race						
III. D	Daily Data for the Month/Year of:  S of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Chlorine Ch													
					ral: <b>▽</b> Free C		Chlorine Die		□ Ozone	[ Comb	:	- (Chlasse	-:	
1	raviolet Ra		C Other			mornic 1	CHOTHE DE	Skide	Ozone	1 Come	inea Chiorii	ie (Chioran	imes)	
∟'						<b>▼</b> Free Chlo	·	Combin	ad Chlorina	(Chloramine	<u>,                                    </u>	Chlorine I		
Type o	Disiniec	tant Kesic	luai Maintaii		ibution System:								Dioxide	S COL LO COLLEGE SANGES COLLEGE
				C	T Calculations, or									
						CT Calc	ulations				LVU	Oose		
							Lowest CT	Draw Control				5 th # 1		
				falle out i		Disinfectant *	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at					ing Pro- William	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abriormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	F4. 05		Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L 🖎	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation # 24
1	Х	24.0	2,600		1.3									
2	- V	24.0	4,450		1.2						<u> </u>		0.0	
4	X	24.0 24.0	4,450 2,400		1.3			**************************************			***		0.9	
5	X	24.0	3,100		1.0								0.8	
6	X	24.0	3,100		1.1								0.9	
7	X	24.0	2,000	<del></del>	1.3								1.0	
8	X	24.0	3,800		1.2									
9.		24.0	2,750											
10	Х	24.0	2,750		1.4								1.0	
11	Х	24.0	5,100		1.3								1.0	
12	Х	24.0	4,580		1.3	<u> </u>							0.9	
13	Х	24.0	4,200		1.3								1.0	
14	X	24.0	300		1.3								0.9	
15	X	24.0	0		1.3									
16		24.0												
17	X	24.0	3,000		1.6								1.0	
18	X	24.0	2,700		1.4								1.0	
19 20	X	24.0 24.0	2,100 1,600		1.6				<b>-</b>				0.9	
21	X	24.0	3,300		1.6							L	1.0	
22	$\frac{\hat{x}}{x}$	24.0	4,900		1.5								1.0	
23	<del></del>	24.0	950		1.5				-					
24	Х	24.0	950		1.4								1.0	
25	Х	24.0	1,800		1.3								0.8	
26	Х	24.0	1,600		1.4								0.9	
27	Х	24.0	4,400		1.5								0.9	
28	Х	24.0	6,900		1,5								1.0	
29	X	24.0	4,000		1.5									
30		24.0	7,400											
31	X	24.0	7,400		1.6			L	L	l	L	L	1.1	
Total			101,580											
Avgerag	e ·		3,386											

7,400

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr					<u> </u>				<u>.</u>
I. General Information	for the Month/	Year of: February, 2	2005						
A. Public Water System	(PWS) Informa	ation							
PWS Name:	Imperial Terrace						PWS Identification Number:	3350584	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Ti	ransient Non-Com	munity		Consecutive		
Number of Service Connect	tions at End of Montl	h: 245				Total	Population Served at End of Month	1: 490	
PWS Owner:	Aqua Utilities Florid	da							
Contact Person:	Brian Heath					Conta	ct Person's Title: Area M	Manager	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesbu	rg	State: Florida	Zip Code:	34749
Contact Person's Telephone	: Number:	(352) 787-0980				Conta	ct Person's Fax Number: (352)	787-6333	
Contact Person's E-Mail Ad		beheath@aquaamerica.co	<u>m</u>						
B. Water Treatment Pla	ant Information								
Plant Name:	Imperial Terrace						Plant Telephone Number:	352-787-09	80
Plant Address:	11709 Magnolia Dr	<del></del>			City: Taveres	S	State: Florida	Zip Code:	32778
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		288,000					
Plant Category (per subsect	ion 62-699.310(4), F			<b>Y</b>			lass (per subsection 62-699.310(4),		
Licensed Operators	Ār	Name		License Class	License Nu	mber	Day(s) /	Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813		Days 1st Shift		
Other Operators:	Marty Neal			С	10027		Days 1st Shift		
					ļ. ———				
					ļ				
				·				<del></del>	
				L	<u> </u>		<u>]</u>		
II Certification by Leac	UChief Operate								
		t operator licensed in Florida,	om the lead/ahie	f amount on a f the	viotan traatu		lant identified in part Lafthi	ic report I cortifu	that the
	•	•		•		_	_	-	
		ue and accurate to the best of r							
		icable standards referenced in							
		operator staffed or visited this							
		process performance records.			these addition	onal o	perations records to the PW	S owner so the PV	√S owner can
retain them, together w	vith copies of this	s report, at a convenient location	on for at least ter	ı years.					
			Will Fontaine					<u>C-6813</u>	
Signature and Date			Printed or Typ	oed Name				License Nur	nber

PWS Ic	entificaito	n Number:		3350584		Plant Name:	Imperial Ter	тасе						
III. D	aily Data	for the N	lonth/Year	of:		February, 2005								
Means	of Achievi	ng Four-Log	y Virus Inactiv	vation/Remov	⁄al: <b>▽</b> Free C	Chlorine [	Chlorine Di	ioxide	☐ Ozone	☐ Coml	bined Chlori	ne (Chlorar	nines)	
1	raviolet R	-	=	r (Describe):		•	Cinornia 2	.0.114		, com	onica cinori	ne (emoru	coy	
Type c	f Disinfe	ctant Resid			ibution System:	<b>▼</b> Free Chlo	orine [	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
17,700	171311116	l l			T Calculations, or									
				graph a	1 Calculations, or	CT Colo	ulotions	r Our-Log	at Catalog	is a not	Applicable	Dose		
						GI Caic		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Sec. 1	Section Constitution	Maria S		
							Lowest CT	100				100		
	ם מ					Disinfectant	Provided				en e			
	Days Plant Staffed or		Net Quantity		Lowest Residual  Disinfectant	Contact Time (T) at C	Before or at First				<b>49</b> (1.18)	Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	1 3.72		MODELLE T	Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of		Hours plant	The second secon		Before or at First	Point During	During Peak	7.7%		Minimum C1		Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1	prior water,	reconnect, my	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	3,500		1.5			<u></u>			<u> </u>		1.0	<u> </u>
2	X	24.0	3,800		1.5			ļ		<b>}</b>	ļ	ļ	0.9	
3	X	24.0	3,200 2,500		1.5			<b></b>		<b> </b>		<u> </u>	1.0	
5	- <del>^</del>	24.0	3,500		1.4			<del> </del>					1.0	
6	<u> </u>	24.0	6,100						<u> </u>		<del> </del>	<u> </u>	-	
7	Х	24.0	6,100		1.6								1.0	
8	Х	24.0	5,200		1.5								0.8	
- 9	X	24.0	12,100		1.6								1.2	<u> </u>
10	X	24.0	9,000		1.5			ļ	ļ				1.1	
11	X	24.0 24.0	6,300		1.4					ļ			1.0	
12	X	24.0	8,200 11,900		1.3			<del> </del>						
14	Х	24.0	11,900		1.6							l	1.0	
15	X	24.0	7,700		1.6					· · · · · · · · · · · · · · · · · · ·	1	<del></del>	1.2	
16 .	Х	24.0	11,800		2.0								1.4	
17	X	24.0	3,300		1.7								0.8	
18	X	24.0	11,200		1.7			ļ			ļ		1.3	
19	X	24.0	4,300		1.3			ļ						
20	Х	24.0	9,150 9,150		1.6			<del> </del>	<b></b>		<del> </del>	<del> </del>	1.2	
22	X	24.0	5,100		1.7			<del> </del>		<b></b>	<del> </del>		1.4	
23	X	24.0	3,800		1.2			<del>                                     </del>			ļ		1.1	
24.	X	24.0	6,300		1.6			<u> </u>					1.2	
25	Х	24.0	3,700		1.4								1.1	
26	Х	24.0	3,600		1.5						<u> </u>			
27		24.0	3,900				ļ	<b>!</b>		<b>_</b>		<u> </u>		
28	X	24.0	3,900		1.6			<del> </del>	<del> </del>		<del> </del>		1.2	
30		24.0	0				<del> </del>				<del> </del>			
31		24.0	0				<del>                                     </del>					<del> </del>		
Total	<u></u>		180,200		<u> </u>	<u> </u>			<b>1</b>	·	•		<del></del>	·
Avgaras			6.436	í										

12,100

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instru								
I. General Information	for the Month/	Year of: March, 200	5					
A. Public Water System	(PWS) Informa	ition						
PWS Name:	Imperial Terrace				· · · · · · · · · · · · · · · · · · ·	PWS Identification Number:	3350584	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity T	ransient Non-Comi	munity	Consecutive		
Number of Service Connect	ions at End of Montl	n: 245			T	otal Population Served at End of Mon	ith: 490	
PWS Owner:	Aqua Utilities Florid	la			• • • • • • • • • • • • • • • • • • •			
Contact Person:	Brian Heath				[C	ontact Person's Title: Area	a Manager	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			C	ontact Person's Fax Number: (352	2) 787-6333	
Contact Person's E-Mail Ad	dress:	beheath@aquaamerica.com	<u>m</u>					
B. Water Treatment Pla	ent Information							
Plant Name:	Imperial Terrace		•			Plant Telephone Number:	352-787-09	<b>)80</b>
	11709 Magnolia Dr				City: Taveres	State: Florida	Zip Code:	32778
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	ished Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		288,000				
Plant Category (per subsecti	ion 62-699.310(4), F	.A.C.): V				ant Class (per subsection 62-699.310(4		
Licensed Operators		Name		License Class	License Num	ber Day(s)	/ Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine			С	6813	Days 1st Shift		
Other Operators:	Marty Neal			С	10027	Days 1st Shift		
							·	
			,	1				
II Certification by Lead	/Chief Operato	1*						
			am the lead/chie	f operator of the	water treatme	nt plant identified in part I of t	his report. I certify	v that the
						king water treatment chemical		
International Standard	iii uiis report is u	icable standards referenced in	mbassion 62.5	55 220(2) E A (	Talco certif	y that the following additional	operations records	for this plant
international Standard	of other appr	to	mlant during the	month indicate	d shows: (1) m	ecords of amounts of chemicals	s used and chemica	of this plant
were prepared each da	y that a licensed	operator started of visited this	prant during the		u above. (1)10	and an aretism a managed to the DV	VC over so the DI	WS owner con
					these addition	al operations records to the PV	VS Owner so the F	W S OWIEL CALL
retain them, together w	vith copies of this	report, at a convenient location	on for at least tei	n years.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Typ	oed Name			License Nu	ımber

											008,8			Maximu
											105,5		Э	Avgerag
								_			044,24			IstoT
	ΙΊ				I				<b>b</b> 'l		3,100	24.0	X	18
	I'I								τI		1,900	24.0	X	30
	7.1								0.1		4,300	0.42	X	67
	0.1				1				7.1		2,300	0.4.0	X	28
		1								i	2,300	24.0		LT
									£.1		2,000	24.0	X	.97
	0.1								£.1		2,870	74.0	Х	- 57
	6.0					1			€1	T	2,400	24.0	Х	24
	0.1								£.I		007,1	0.4.0	X	23
	1.2								<b>4</b> .1		000'1	24.0	X	. 22
	0.1								4.1		050't	24.0	Х	71
											4,050	74.0		- 07
									£'1		0	24.0	Х	61
	6.0	† · · · · · · · · · · · · · · · · · · ·						<del></del>	2.1		1,300	24.0	Х	18
	6.0					·			£.1	<u> </u>	2,600	24.0	Х	<i>L</i> 1
	0.1	<b>—</b>	<b>†</b>			<b> </b>			£.1		2,300	74.0	X	91
	6.0						<b>-</b>		0.1		300	0.42	Х	SI
	8.0					<del> </del>			£.1		008,8	0.4.0	X	ÞΙ
					<u> </u>	<b></b>					008'9	24.0		ει
									£.1	<del></del>	3,200	24.0	Х	71
	8.0								11			24.0	X	II
·····	8.0		-		<u> </u>				£.1			74.0	X	01
	1.1			~~~~					£.1		009'1	24.0	Х	6
	2.1		<del> </del>						91		4,200	24.0	X	8
	1.1	<b></b>	<del> </del>		<del> </del>		-		9.1		052,4	24.0	X	L
	<del>  `                                   </del>	<del>                                     </del>			<del>                                     </del>		<b></b>		·			0.42	· · · · ·	9
		<del></del>			<del> </del>	<u> </u>	-		S'l		4,000	24.0	X	S
	0.1			·			· · · · · · · · · · · · · · · · · · ·		† l	<del> </del>	0	24.0	X	· Þ
	2.1	h							4.1	<u> </u>		24.0	X	ε
	£.1		<b></b>		<del> </del>				9.1	<u> </u>	000,2	24.0	X	7
	2.1		<del> </del>		<del></del>	<b></b>	<b> </b>		2.I	·	009,£	24.0	X	I
Out of Operation	System, mg/L	zec/cm²	my/sec/cm	J/nim	if Applicable	O TORA	J/nim	sənnim	Peak Flow, mg/L	Rate, gpd.	हिंचु	Operation	("X"	Month
Involves Taking Water System Components	nonudinisid			Required, mg	LI A DELIGIOUS	10A	-8m woll	Feak Flow,	Customer During	Peak Flow	Producted,	un	(Place	əyı
Conditions, Repair or Maintenance Work that		Required, mW-		TO muminiM		to am9T	During Peak	Point During	Before or at First	meli steed	the contract of a 1900 to	Hours plant	Operator	Day of
<ul><li>1 日本・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・</li></ul>	Concentration at	F = 2 TANAM (E)	and the state of t	T') muminihi	(1980 S		TemonsuD?	Measurement	Concentration (C)		bədzini To	taole much	Vd botisiV	30 1100
	Disinfectant	UV Dose	Lowest	line and the	- 7	A they is	\$ isn4	O.jr (1)./	Disinfectant		Net Quantity		Staffed or	
	Lowest Residual	mummiM			. (A)	A training	Before or at	Contact Time	Lowest Residual			-9-5	Days Plant	
	114.41		Ratio English			Sws. T.	*Provided	Disinfectant					mold and	
					* / / / / 變		TO west CT						Assumed to	
Emergency of Abnormal Operating												r of year		4.
	Part of the	)02 <b>c</b>	I AN		• 100 kg/deg	Margada Maria	snotislu	CT Calci	Times and the				in t	
				IVation, II	A ILUS IUSCI	Sou-no	1 omisomo	OT 'SSOCT AO	T Calculations, or	<u> </u>				
· · · · · · · · · · · · · · · · · · ·	ODB:01			-							HEIHIDIAI IRDI	alcaxi atim	MILIERA I	o adkı
	əbixoi	Chlorine D	(s	(Chloramine:	ed Chlorine			▼ Free Chlo	bution System:					-
										(Descripe):	L Other	noitsiba	Raviolet R	и <b>п Ц</b>
	(səni	e (Chloram	ined Chlorin	L Comb	anozO 🗂	əbixo	Chlorine Did	mlorine	al: 🔽 Free C	ation/Remov	virus Inactiv	ig Four-Log	rivəidəA To	Means
								March, 2005		:11	onth/Year	VI SULTOI	ereal yme	a u
	7													
-						ace	nəT lanəqml	Plant Name:		3350584		пэдшиМ г	ontificaitor	PI SMA

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr				· · · · · · · · · · · · · · · · · · ·			
l. General Information	for the Month/	Year of: April, 2005					
A. Public Water System	ı (PWS) Informa	ation					
PWS Name:	Imperial Terrace		·····		PWS Identification Number:	3350584	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity	Consecutive		
Number of Service Connec	tions at End of Month			Total 1	Population Served at End of Mo	nth: 490	
PWS Owner:	Aqua Utilities Florio	la		****			
Contact Person:	Brian Heath			Conta	ct Person's Title: Are	ea Manager	
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980		Conta	ct Person's Fax Number: (35	52) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.com					
B. Water Treatment Pla	ant Information						
Plant Name:	Imperial Terrace				Plant Telephone Number:	352-787-0980	)
Plant Address:	11709 Magnolia Dri	ive		City: Taveres	State: Florida	Zip Code:	32778
Type of Water Treatment by			Finished Water				
Permitted Maximum Day C			288,000				
Plant Category (per subsect	ion 62-699.310(4), F				lass (per subsection 62-699.310		
Licensed Operators		Name	License Class	License Number	Day(s)	/Shift(s) Worked	
Lead/Chief Operator:	Will Fontaine		C	6813	Days 1st Shift		
Other Operators:	Marty Neal		С	10027	Days 1st Shift		
		· · · · · · · · · · · · · · · · · · ·					
· ·				 			
	ļ					· · · · · · · · · · · · · · · · · · ·	
	ļ						
A STATE OF THE STA							
	<u> L</u>				l		
I. Certification by Lead	/Chief Operato	r					
		t operator licensed in Florida, am the lead/cl	hief operator of the	water treatment p	lant identified in part I of	this report. I certify t	hat the
information provided	in this report is tr	ue and accurate to the best of my knowledge	and belief I cert	ify that all drinking	water treatment chemica	als used at this plant co	onform to NSF
International Standard	l 60 or other appli	icable standards referenced in subsection 62	-555 320(3) F A (	Lalso certify the	at the following additional	Loperations records fo	or this plant
		operator staffed or visited this plant during					
		process performance records. Furthermore,					
				mese additional o	perations records to the r	w 5 owner so the r w	3 Owner Can
retain them, together v	with copies of this	s report, at a convenient location for at least	ien years.				
		Will Fonta	ine			C-6813	
Signature and Date	· · · · · · · · · · · · · · · · · · ·		Typed Name			License Num	ber
Signature and Date		r finited of	1 ypeu (vaine			Electise Pulls	

PWS Id	entification	n Number:		3350584		Plant Name:	Imperial Ter	race						
III. D	aily Data	for the M	onth/Year	of:		April, 2005					<del></del>			
			Virus Inactiv		ral: ▼ Free C	hlorine [	Chlorine Die	oxide	Cone □ Ozone	Comb	ined Chlorin	e (Chloran	nines)	
	raviolet R			r (Describe):		•	omorate tar		•	, come	area emern	ic (cinoral		
Type c	f Disinfed	etant Resid				▼ Free Chlo	rine T	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
13476	1 13 13 11 11 1	Tane resid	da. maina		T Calculations, or									
				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		CT Calc								
l						o de	uations .	7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21-21 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12 No. 12	Street of the Wall Car		1,000		
1						11. <b>4</b>	Lowest CT		1.47					
	Dave Blant			1.4	Lowest Residual	Disinfectant	Provided				-64		v	
)	Days Plant Staffed or		Net Quantity	******	Disinfectant	Contact Time	Before or at First			3.5	10.	Minimum	Lowest Residual Disinfectant	
	Visited by	4	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant		10.00	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in.	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	2,400		1.4	<u> </u>		<b> </b>					1.1	
3	X	24.0 24.0	1,200 3,100		0.7		ļ	ļ						<u> </u>
4	х	24.0	3,100		1.3			<u> </u>	<del> </del>				1.1	
5	X	24.0	3,200		1.4		<del></del>						1.0	
6	Х	24.0	2,200	<u> </u>	1.3								1.0	
7	Х	24.0	4,700		1.5								1.1	
8	Х	24.0	0		1.4								1.0	
9		24.0	2,500			<u> </u>				ļ <u>.</u>	ļ	,	<b> </b>	
10	X	24.0	2,500		0.6					<u> </u>			0.9	
12	X	24.0 24.0	2,500 1,400		1.4		L						1.0	
13	X	24.0	0	<del></del>	1.2		<del></del>		<del> </del>	<del> </del>			0.9	
14	X	24.0	6,090		1.5	1-11							0.8	
15	Х	24.0	3,500		1.4								0.4	
16	X	24.0	0		1.2									
17		24.0	5,350				<b> </b>		-				1.0	
18	X	24.0	5,350		1.4		ļ				<del></del>		0.8	
19	X X	24.0 24.0	2,600		1.3		<u> </u>	<b> </b>	<del> </del>	<del> </del>	<u> </u>		0.8	
21	X	24.0	6,800		1.5								1.0	
22	X	24.0	2,500	<b></b>	1.4								1.0	
23	Х	24.0	1,400		1.0								0,9	
24		24.0	21,000											
25	Х	24.0	21,000		0.7		ļ				ļ		0.8	
26	X	24.0	_0	<u> </u>	0.7		<del> </del>				<del> </del>		0.8	
27	X	24.0 24.0	3,200		0.7		ļ	<del> </del>			<b></b>		0.9	
29	X	24.0	1,400	<del> </del>	0.8			<del> </del>	<del>                                     </del>		<del> </del>		0.8	
30	X	24.0	0		0.8		<del>                                     </del>	<del>                                     </del>	<del></del>	<del>                                     </del>				
31	<u> </u>	24.0	0					İ						
Total			108,990											
Avgerag			4 730	1										

21,000

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr							
General Information	for the Month/Y	ear of: May, 2005					
. Public Water System	(PWS) Informat	ion					
	Imperial Terrace		·····			PWS Identification Number:	3350584
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Tr	ansient Non-Com	munity	Consecutive	
Number of Service Connect	tions at End of Month:	245			T-	Total Population Served at End of Month	n: 490
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath					Contact Person's Title: Area N	Manager
Contact Person's Mailing A	ddress: P	O Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone		352) 787-0980				Contact Person's Fax Number: (352)	787-6333
Contact Person's E-Mail Ac	ldress: <u>k</u>	eheath@aquaamerica.co	<u>m</u>				
. Water Treatment Pla	ant Information						
Plant Name:	Imperial Terrace		,			Plant Telephone Number:	352-787-0980
Plant Address:	11709 Magnolia Drive	•			City: Tavares	State: Florida	Zip Code: 32778
Type of Water Treatment by	<u> </u>	Raw Ground Water	Purchased Fini	shed Water			
Permitted Maximum Day C	<del> </del>			288,000	· · · · · · · · · · · · · · · · · · ·		
Plant Category (per subsect	ion 62-699.310(4), F.A					ant Class (per subsection 62-699.310(4),	
Licensed Operators		Name		License Class	License Nun		Shift(s) Worked
	Will Fontaine			С	6813	Days 1st Shift	
Other Operators:	Marty Neal			С	10027	Days 1st Shift	
			·				
La Salanda de la Salanda de la Salanda de la Salanda de la Salanda de la Salanda de la Salanda de la Salanda de							
					·		
Marie Control of the				L			
Certification by Lead	/Chief Operator						
		operator licensed in Florida	am the lead/chie	f operator of the	water treatme	ent plant identified in part I of thi	is report. I certify that the
							used at this plant conform to NSF
						fy that the following additional o	
were prepared each do	w that a licensed or	porator staffed or visited this	nlant during the	month indicate	d above: (1) r	secords of amounts of chemicals i	used and chemical feed rates; and
(2) if applicable approx	y mat a neemsed of	perator statied or visited this	Furthermore L	montii maleate	these addition	nal operations records to the PW	S owner so the PWS owner can
					these addition	nai operations records to the 1 w	5 owner so the r w 5 owner can
retain them, together v	viun copies of this i	report, at a convenient location	on for at least ter	i years.			
			Will Fontaine			_	C-6813
Signature and Date			Printed or Typ	ed Name			License Number

											5,200	2.2 2.2		umixsM
											686			Avgerage
											070,05			ListoT
	6.0								1.2		\$72,I	0.42	X	. 15.
	6.0					_			1.3		SLZ'I	0.4.0	X	30
									<u> </u>	ļ	2,550	0.42		57
									1.3		001,1	0.42	X	82
	0.1								£.1		1,500	0.42	X	~ LZ
	6.0				L				1.1		5,200	24.0	Х	97
	6.0								6.0		009	24.0	X	~: SZ
	8.0								0.1		009	24.0	X	₹75
	8.0								0.1	L	008	24.0	X	्टर
											400	24.0		77
									1.1		007	24.0	X	217
	0.1								£'I		007	24.0	X	70
	6.0			1					€.1		833	24.0	X	- 61
	6.0			j i i i	J				0.1	]	833	24.0	X	81
	0.1								2.1		833	24.0	X	7.1
	6.0								£.1		055,1	0.42	X	91
											LIS	0.42		ŞI
	8.0								7.1		LIS	24.0	X	ÞΙ
	0.1			1					£.1		LIS	24.0	Х	εī
	0.1		T	<u> </u>					ÞΊ		006,1	24.0	Х	71
	6.0			T					L'0		2,050	24.0	Х	II
	0.1						<b></b>	†	L'0		500	0.42	Х	- 01
	6.0		İ	· · · · · · · · · · · · · · · · · · ·			† <del></del>		L'0		007	0.42	Х	6
	-										500	24.0		8
· · · · · · · · · · · · · · · · · · ·						<del></del>			L'0		200	24.0	Х	L
	6.0			1				1	2.0		07	24.0	X	9
	6.0			1	<del></del>				L'0		1,200	24.0	X	5
	6.0			1		<del></del>	<del>                                     </del>	<u> </u>	9.0		005	24.0	X	Þ
	0.1			1					9.0	·	005	24.0	X	ε.
	6.0	<b></b>		<del>                                     </del>			<del>                                     </del>	<del> </del>	90		000,1	24.0	X	Z
			<del> </del>		<del> </del>		<del> </del>	<del>                                     </del>	70		1,000	0.42	<u> </u>	1
Out of Operation	System, mg/L	_uo/oəs	mW-sec/cm <sup>2</sup>	-77000	if Applicable	O 'IDIRM	Jaim	səmuim	Peak Flow, mg/L	Rate, gpd.	gal.	Operation	(uXu	Month
Involves Taking Water System Components	noundrusid	1867年,9万元的高。		Required, mg	Lanaw to rid	0 7,070	-Sm, wolf	Peak Flow	Customer During	Peak Flow	Producted,	ui .	eosig)	əyı
Conditions; Repair or Maintenance Work that	Remote Point in	Wm		Minimum CT		To amaT	During Peak	SaimQ mio9	Before or at First	mold dood		Hours plant	100	Day of
Emergency of Abnormal Operating	Concentration at	Reduired,	■ 保証 をはまるに添わる	T.) mimining			Customer	Measurement	Concentration (C)	j	of Finished	tacia anioli	Visited by	30 1100
		UV Dose	125WO.1				1.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CONTROL OF THE PROPERTY OF THE					
	Disinfectant	mminiM				2	laiii	* (T) is (T)	Disinfectant		Met Quantity	1	Staffed or	111
	Lowest Residual		나는 이 사람들 없는	1.77		3	Before or at	Contact Time	Lowest Residual				Days Plant	2.5
[교 ] 교회 : 그리고 하게 하는 영화 생활					1		Provided	Disinfectant				40 (4)	1,257	
				1			Lowest CT			ļ		}	1	- 1
		100	14.5							<u> </u>	j			1
	12.50 pt	əso	$\mathbf{I} \mathbf{\Lambda} \mathbf{\Gamma}$		1.00		znousli	CT Calcu				1		
			pplicable*	A li ,noitevi	Virus Inact	our-Log	Jemostate F	UV Dose, to L	T Calculations, or	<u> </u>	1		1	
	anivor	···						V Free Chlor	bution System:		nisinisiyi isu	DISƏM HÜRI	Dannsia i	o adá i
		Chlorine D	<u> </u>	(Chloramines	, caiaold D be	q		1103 2						-
	4.									(Descripe):			raviolet Ra	
	(səui	е (Срюгат	nitoldD bəni	L Combi	anozO 🗂	əbix	Ohlorine Dio	hlorine <b>Г</b> (	Oær4 🔽 ∷le	иоп/Кетоу	Virus Inactiv	god-mo4 g	rivəidəA Te	Means o
								May, 2005		:10	onth/Year o	101 the M	any Data	u III
						ace.	nəT İsnəqml	Plant Name:	L	3320584		Number:	ontification	<u>PI SMd</u>

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr							
. General Information	for the Month/	Year of: June, 2005					
A. Public Water System	ı (PWS) Informa	tion					
PWS Name:	Imperial Terrace				PWS Identification Number	er:	3350584
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive		
Number of Service Connec	tions at End of Month	: 245		Total F	Population Served at End of	Month:	490
PWS Owner:	Aqua Utilities Florid	a					
Contact Person:	Brian Heath		· · · · · · · · · · · · · · · · · · ·	Contac	et Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980		Contac	ct Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac	ddress:	beheath@aquaamerica.com					
B. Water Treatment Pla	ant Information						
Plant Name:	Imperial Terrace				Plant Telephone Number:		352-787-0980
Plant Address:	11709 Magnolia Dri	ve		City: Tavares	State: Florida		Zip Code: 32778
Type of Water Treatment by			nased Finished Water				
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:	288,000				
Plant Category (per subsect					ass (per subsection 62-699.		C
Licensed Operators		Name	License Class		Ç=+++ Da	y(s) / Shift(s)	Worked
Lead/Chief Operator:	Will Fontaine		C	6813	Days 1st Shift		
Other Operators:	Marty Neal		C	10027	Days 1st Shift		
4							
	,						
					<u> </u>		
I Cantification by Lon	d/Chief Onewate						
I. Certification by Lead		operator licensed in Florida, am the l	1/-Linformanton of the	vication transfer and n	lant identified in part l	of this report	Logratify that the
i, the undersigned wat	ter treatment plant	operator neensed in Florida, ain the i	ead/chief operator of the	water treatment p	iain identified in part i	i or uns report	this might conform to NCE
information provided	in this report is tr	ue and accurate to the best of my know	vieage and belief. I cert	iry that all drinking	water treatment chem	iicais useu at	uns piant conform to NSF
International Standard	l 60 or other appli	cable standards referenced in subsecti	ion 62-555.320(3), F.A.	3. I also certify the	it the following addition	onai operation	s records for this plant
were prepared each da	ay that a licensed	operator staffed or visited this plant de	uring the month indicate	d above: (1) record	ds of amounts of chem	ncals used and	I chemical feed rates; and
		process performance records. Further		these additional o	perations records to th	e PWS owner	so the PWS owner can
retain them, together v	with copies of this	report, at a convenient location for at	least ten years.				
		Wil	l Fontaine				C-6813
Signature and Date			nted or Typed Name			-	License Number
5-5			- y <b>t</b>				

								3			076,2		ш	Maximu
											10£		əź	дыэд∨A
											070'6		1 1111	IssoT
											0	74.0		15
	8.0								0.1		0٤	24.0	X	30
	6.0							i	8.0		52	24.0	X	52
	0.1								L'0		St	0.4.0	X	87
	6.0								8.0		001	24.0	X	
											200	24.0		. 97
	0.1								6.0		210	0.42	X	72
	6.0								0.1		001	24.0	X	74
	6.0								6.0		001	0.4.0	X	23
	8.0								1.0		100	0.4.0	X	77
	6.0	Ī							11		001	0.42	X	17
	6.0								I.I		004	0.4.0	X	70
											400	0.4.0		61
									0'I	·	001	0.42	X	- 81
	6.0								1.1		001	24.0	X	LL
	6.0								1.2		051	24.0	Х	91
	6.0								1.1		0\$1	0.42	X	۶I
	0.1				<b>_</b>				1.2		100	24.0	X	ÞĪ
	6.0								L'0		SL	24.0	X	ΕI
				<u> </u>							SL	24.0		15
	6.0		l						6.0		SL	0.4.0	X	11
	0.1		<u> </u>						6.0		SL	24.0	X	10
	6.0	<u> </u>							0.1		007	24.0	X	6
	70						ļ	<b>1</b>	0.1		076,2	24.0	X	8
	0.1				L				60		002	74.0	X	· L
	6.0	ļ							6.0		500	24.0	X	9
							<u></u>				200	24.0		5
			<u> </u>	L					6'0		500	24.0	X	<b>p</b>
	8.0	ļ			<b>!</b>				8.0		500	24.0	X	3
	8.0	<b>!</b>		<u> </u>	ļ		<b>.</b>		1.2		009	24.0	X	7
	8.0						<u> </u>		0.1	dO t	005	54.0	X	<u> </u>
Emergency or Abonated Operature. Conditions, Repair, or Maintenance Work that Involves Taking Water System Components Out of Operation.	Lowest Residual Disinfectant Concentration at Remote Point in Distribution Distribution System, ingl.	Minimum 'UV Dose Required, mW- sec/cm <sup>2</sup>	Operating	Minimum CT Required, mg		Jemb of	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Disinfectant Contact Time (I) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at Furst Customed During Peak Flow, mg/L	Peak Flow Kate, gpd	Net Quantity of Finished Water Producted,	Jusiq zwoH ni ni	Days Plant Staffed or Visited by Operator (Place	Day of the Month
				A 11 ,nousvi					T Calculations, or		eration in a			
(1) (1) (2) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	annor.								bution System:		TIBITIBINI IBU	DISƏN HIPY	oatuisia i	o adkı
	əhixoi	Chlorine D	<u> </u>	(Chloramines	aninoldO be			► Free Chlor			other 🗍		Raviolet Rangeling	_
	(səni	e (Chloram	ined Chlorin	[_ Сошр	oroso	əpixo	Chlorine Dio	рогіле 🗀	al: 🔽 Free C		virus Inactiv			
				****				June, 2005			onth/Year o			
							ua i minadion						lentificaitor	
						ace.	nəT lsinəqinl	Plant Name:	1	4850585		John Manner	witariting	FT 2WQ

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr										
1. General Information	for the Month/Y	ear of: July, 2005								
A. Public Water System	ı (PWS) Informat	tion								
PWS Name:	Imperial Terrace						PWS Identification Numb	er:	3350584	
PWS Type:	✓ Community	Non-Transient Non-Community	Tr	ansient Non-Comr	munity		Consecutive			
Number of Service Connec	tions at End of Month:	245		· · · · · · · · · · · · · · · · · · ·		Total I	Population Served at End o	f Month:	490	
PWS Owner:	Aqua Utilities Florida	1								
Contact Person:	Brian Heath					Contac	ct Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980				Contac	ct Person's Fax Number:	(352) 787-6333	3	
Contact Person's E-Mail Ac		beheath@aquaamerica.com								
B. Water Treatment Pla	ant Information									
Plant Name:	Imperial Terrace						Plant Telephone Number:		352-787-098	30
Plant Address:	11709 Magnolia Driv	····			City:	Tavares	State: Florida		Zip Code:	32778
Type of Water Treatment by	<del></del>		rchased Fini	shed Water						
Permitted Maximum Day C				288,000						
Plant Category (per subsect	tion 62-699.310(4), F.A						lass (per subsection 62-699			THE STATE AND ADDRESS OF THE STATE OF THE ST
Licensed Operators		Name	100 A 100 A	License Class	Lice	nse Number		y(s) / Shift(s)	Worked =	100
Lead/Chief Operator:	<del> </del>			С		6813	Days 1st Shift			
Other Operators:	Marty Neal			С		10027	Days 1st Shift			
					ļ					
								·		
							<u> </u>	<del>_</del>		
								· · · · · · · · · · · · · · · · · · ·		
									<del></del>	
					<u> </u>					
II Certification by Lead	d/Chief Operator							·		
		operator licensed in Florida, am the	e lead/chie	f operator of the	water	r treatment p	lant identified in part	I of this repor	t. I certify	that the
information provided	in this report is tru	e and accurate to the best of my kn	owledge ar	nd belief. I certi	ify tha	t all drinking	water treatment chen	nicals used at	this plant o	conform to NSF
		cable standards referenced in subse								
were prepared each da	ov that a licensed o	perator staffed or visited this plant	during the	month indicated	d abov	e: (1) record	ds of amounts of chen	nicals used an	d chemical	feed rates: and
(2) if applicable, appre	opriate treatment r	process performance records. Furth	ermore I:	agree to provide	these	additional of	perations records to th	ne PWS owne	r so the PW	/S owner can
		report, at a convenient location for			tilese	additional o	perations records to a	ie i ii s o ii ne	. 50 1110 1	o o miler eur
retain them, together v	with copies of this	report, at a convenient location for	at least ter	i years.						
		V	Vill Fontaine						C-6813	
Signature and Date	· · · · · · · · · · · · · · · · · · ·	<del></del>	rinted or Typ	ed Name				_	License Nun	nber
organitie and Date		•	tod or Typ							

PWS I	lentificaito	n Number:		3350584		Plant Name:	Imperial Ter	тасе						
HI. D	aily Data	for the N	lonth/Year	of:		July, 2005					····			
Means	of Achievi	ng Four-Lo	g Virus Inactiv	vation/Remov	val: <b>▼</b> Free C	Chlorine	Chlorine Di	iovide	☐ Ozone	□ Comb	oined Chlori	ne (Chloran	ninec)	
F 01	traviolet R	adiation	☐ Othe	er (Describe).			Cinornic Di	oade	, ozone	1 Com	onica Cinori	ic (Cilorai	inics)	
Type	of Disinfe					▼ Free Chlo	rine [	Combin	ed Chlorine	(Chloramine	·s) [	Chlorine I	Diovide	
Type	I Diamic	T TCSN	T Tannar										J-12	
			Ē.	<u> </u>	CT Calculations, or						Applicable UV			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81		T	CT Calc	ulations	250	- 1	i je trijo i da takijo. Isa sirio sakali iz	UV.	Jose		
							Lowest CT Provided Before or at First	***						
1	4-10.00 ET					Disinfectant	Provided -			· 自由公司主義議會			Lowest Residual	
1555	Days Plant			i	Lowest Residual	Contact Time	Before or at	聯(2-3)			1 2 4 6 4 4	Minimum	Lowest Residual	
	Staffed or	and the second second	Net Quantity		Disinfectant	— (T) at C	First			1	Lowest	Minimum UV Dose		
Day of	Visited by Operator	Hours plant	of Finished Water		Concentration (C)  Before or at First	Measurement . Point During	During Peak			Minimum CT		Required,		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow.	Flow, mg-		nH of Water	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable		mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	X	24.0	10		0.8		3.5						0.8	
2		24.0	50											
3	Х	24.0	10		0.9									
4	Х	24.0	10		0.9			<u>]</u>					0.8	
5	X	24.0	10		0.8								0.8	
6	X	24.0	10		0.7			ļ					0.8	
8	X	24.0	700 300		1.0		<u> </u>						0.9	
9	X	24.0	10		1.0		<del> </del>		<b> </b>				0.9	
10		24.0	10				<del></del>	<del></del>		<del>                                     </del>				
11	Х	24.0	10		0.9				<del></del>	1			0.8	
12	Х	24.0	10		0.9								0.9	
13	Х	24.0	10		0.9								0.8	
14	X	24.0	110		1.0								0.8	
15	X	24.0	20		1.0				ļ	ļ	ļ		0.9	
16	X	24.0	100 50		1.0			<del> </del>	<del> </del>				-	
17	x	24.0 24.0	50	-	1.0				<del> </del>				0.8	
19	X	24.0	10		1.0			<del> </del>	<b> </b>	<del> </del>	<del> </del>		0.8	
20 *	X	24.0	10		0.9			<del>                                     </del>	<del> </del>		<u> </u>		1.0	
21/2	X	24.0	100		0.7								0.8	
22	Х	24.0	500		0.9								0.8	
23 🕏	Х	24.0	10		0.9									
24		24.0	10					ļ	<b> </b>		ļ			
25	Х	24.0	10		0.8				<u> </u>				0.8	
26	X	24.0	400	ļ	0.9		ļ.———	<del> </del>	ļ	ļ	ļ	<b>}</b>	0.8	
27	X	24.0	300 2,300	<del> </del>	1.0		<del> </del>	<del> </del>	<del> </del>	-	<b></b>		1.0	
29	X	24.0	300	<del>                                     </del>	0.8			<del> </del>	<del> </del>	<del>                                     </del>	<u> </u>		0.9	
30	X	24.0	200		0.9		<b> </b>	<del> </del>						
31		24.0												
Total			5,930								-			
Avgerag	ge :		191	1										

2,300

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.					
l. General Information for the Month/	Year of: August, 2005				
A. Public Water System (PWS) Inform	ation				
PWS Name: Imperial Terrace				PWS Identification Number:	3350584
PWS Type: Community	Non-Transient Non-Community	Transient Non-Com	nunity 🔲	Consecutive	
Number of Service Connections at End of Mont	h: 245		Total F	Population Served at End of N	Month: 490
PWS Owner: Aqua Utilities Flori	da				
Contact Person: Brian Heath			Contac	ct Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contac	ct Person's Fax Number: (	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Imperial Terrace	· · · · · · · · · · · · · · · · · · ·			Plant Telephone Number:	352-787-0980
Plant Address: 11709 Magnolia Dr			City: Tavares	State: Florida	Zip Code: 32778
Type of Water Treatment by Plant:		ed Finished Water	·····		
Permitted Maximum Day Operating Capacity of		288,000			
Plant Category (per subsection 62-699.310(4), F				ass (per subsection 62-699.3	
Licensed Operators	Name	License Class		Day	(s)/Shift(s) Worked
Lead/Chief Operator: Will Fontaine		С		Days 1st Shift	
Other Operators: Marty Neal		С	10027	Days 1st Shift	
			*****		
				<u> </u>	
II. Certification by Lead/Chief Operato	)r				
	nt operator licensed in Florida, am the lead	l/chief operator of the	water treatment p	lant identified in part I	of this report. I certify that the
information provided in this report is to	rue and accurate to the best of my knowled	dge and belief. I cert	fy that all drinking	water treatment chemi	cals used at this plant conform to l
International Standard 60 or other ann	licable standards referenced in subsection	62-555 320(3) F A (	` Lalso certify tha	at the following addition	nal operations records for this plan
were prepared each day that a licensed	operator staffed or visited this plant durir	a the month indicate	d above: (1) record	ds of amounts of chemic	cals used and chemical feed rates.
(2) if applicable appropriate treatment	process performance records. Furthermo	ra. I saree to provide	these additional o	nerations records to the	PWS owner so the PWS owner ca
			mese additional o	perations records to the	1 W3 Owner so the 1 W3 Owner ea
retain them, together with copies of thi	s report, at a convenient location for at lea	asi ien years.			
	Will Fo	ntaine			C-6813
Signature and Date	Printed	or Typed Name			License Number

Means of Acheving Four-Log Virus Inactivation/Removal:
Means of Achieving Four-Log Virus Inactivation/Removal
Type of Districtant Residual Maintained in Distribution System:
Type of Disinfectant Residual Maintained in Distribution System:
Day Plant   Saffed or   Net Quantity   Operation   Net Quantity   Operation   Operating   Operation
Days Plant   Staffed or   Net Quantity   Visited by   Operator   Hours plant   Water   Hours plant   Net Quantity   Operating   Peak Flow   Peak Flow   Minimum CT   Operating   Peak Flow   Minimum CT   Operating   Peak Flow   Minimum CT   Operating   Required, minutes   Minimum CT   Operating   Required, minutes   Net Quantity   Operating   Peak Flow   Minimum CT   Operating   Net Quantity   Operating   Operating   Net Quantity   Operating   Peak Flow   Minimum CT   Operating   Operating   Net Quantity   Operating
District of visited by   Operation   Visited by   Operation   Operation   Operation   Visited by   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Oper
District of visited by   Operation   Visited by   Operation   Operation   Operation   Visited by   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Oper
District of visited by   Operation   Visited by   Operation   Operation   Operation   Visited by   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Oper
District of visited by   Operation   Visited by   Operation   Operation   Operation   Visited by   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Oper
District of visited by   Operation   Visited by   Operation   Operation   Operation   Visited by   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Operation   Oper
Name
Producted   Producted   Peak Flow   Producted   Peak Flow   Peak
Producted   Producted   Peak Flow   Producted   Peak Flow   Peak
1-2
2**       X       24.0       10       0.9       0.8         3   X   24.0   160       1.2       0.9         4   X   24.0   500       1.1       0.9         5   X   24.0   10       1.0       0.8         6   X   24.0   300       1.0       0.8         7   24.0   300       0.7       0.8         9½   X   24.0   300       0.7       0.8         9½   X   24.0   100       0.7       0.9         10   X   24.0   2.210       0.9       0.9         11   X   24.0   2.450       1.0       0.8         12   X   24.0   100       1.0       0.8         12   X   24.0   100       1.0       0.9         13   X   24.0   100       1.1       0.9         14   24.0   500       1.0       0.9         45   X   24.0   500       1.0       0.9
3         X         24,0         160         1.2         0.9           4         X         24,0         500         1.1         0.9           5         X         24,0         10         0.8           6         X         24,0         300         1.0           7         24,0         300         0.7         0.8           85         X         24,0         300         0.7         0.8           97         X         24,0         100         0.7         0.9         0.9           10         X         24,0         2,210         0.9         0.9         0.9           11         X         24,0         2,450         1.0         0.8         0.9           12         X         24,0         100         1.0         0.9         0.9         0.9           13         X         24,0         100         1.1         0.9
4       X       24,0       500       1.1       0.9         5       X       24,0       10       1.0       0.8         6       X       24,0       300       1.0       0.8         7       24,0       300       0.7       0.8         8%       X       24,0       300       0.7       0.8         9%       X       24,0       100       0.7       0.9         10       X       24,0       2,210       0.9       0.9         11       X       24,0       2,450       1.0       0.8         12       X       24,0       100       1.0       0.9         13:1       X       24,0       100       1.1       0.9         14:       24,0       500       1.0       0.9         45       X       24,0       500       1.0       0.9
6       X       24.0       300       1.0       0.8         7       24.0       300       0.7       0.8         85       X       24.0       300       0.7       0.8         97       X       24.0       100       0.7       0.9         10       X       24.0       2,210       0.9       0.9         11       X       24.0       2,450       1.0       0.8         12       X       24.0       100       1.0       0.9         13       X       24.0       100       1.1       0.9         14       24.0       500       1.0       0.9         45       X       24.0       500       1.0       0.9
6       X       24.0       300       1.0       0.8         7       24.0       300       0.7       0.8         85       X       24.0       300       0.7       0.8         97       X       24.0       100       0.7       0.9         10       X       24.0       2,210       0.9       0.9         11       X       24.0       2,450       1.0       0.8         12       X       24.0       100       1.0       0.9         13       X       24.0       100       1.1       0.9         14       24.0       500       1.0       0.9         45       X       24.0       500       1.0       0.9
85         X         24,0         300         0.7         0.8           976         X         24,0         100         0.7         0.9           10         X         24,0         2,210         0.9         0.9           11         X         24,0         2,450         1.0         0.8           12         X         24,0         100         1.0         0.9           13         X         24,0         100         1.1         0.9           45         X         24,0         500         1.0         0.9
97    X
10     X     24.0     2,210     0.9       11     X     24.0     2,450     1.0     0.8       12     X     24.0     100     1.0     0.9       13     X     24.0     100     1.1     0.9       45     X     24.0     500     1.0     0.9
11     X     24.0     2,450     1.0     0.8       12     X     24.0     100     1.0     0.9       13     X     24.0     100     1.1     0.9       14     24.0     500     0.9     0.9
12     X     24.0     100     1.0     0.9       13     X     24.0     100     1.1     0.9       14     24.0     500     500     0.9       45     X     24.0     500     1.0     0.9
13     X     24,0     100     1.1       14     24,0     500        45     X     24,0     500     1.0       0.9
14     24.0     500       15     X     24.0     500       1.0     0.9
15 X 24.0 500 1.0 0.9
17 X 24.0 10 0.9 1.0
18 X 24.0 1,300 0.9 0.9
19 X 24.0 10 0.8
20 X 24.0 400 0.9
21 24.0 400 1.0 0.9
22 X 24.0 400 1.0 1.0 1.0
24 X 24.0 3,400 1.0 0.9
25 X 24.0 1,200 1.0
26 X 24.0 10 0.8 0.8
27 X 24.0 200 0.9
28 24.0 200
29. X 24.0 300 1.0 0.8
30 X 24.0 10 1.0 0.9
31   X   24.0   10   1.0   0.9
Avgerage 555

3,400

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr	uctions.							
I. General Information	for the Month/Y	'ear of: Septemb	er, 2005					
A. Public Water System	ı (PWS) Informat	tion			_			
PWS Name:	Imperial Terrace		, <u></u>			PWS Identification Number:	3350584	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunityTr	ansient Non-Com	munity	Consecutive		
Number of Service Connect	tions at End of Month:	: 245			T	otal Population Served at End of Mo	onth: 490	
PWS Owner:	Aqua Utilities Florida	a						
Contact Person:	Brian Heath				С	ontact Person's Title: Ar	ea Manager	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		(352) 787-0980			С	ontact Person's Fax Number: (35	52) 787-6333	
Contact Person's E-Mail Ac		beheath@aquaamerica.c	<u>om</u>					
B. Water Treatment Pla	ant Information							
Plant Name:	Imperial Terrace					Plant Telephone Number:	352-787-09	
	11709 Magnolia Driv				City: Tavares	State: Florida	Zip Code:	32778
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finis	shed Water				
Permitted Maximum Day O				288,000				
Plant Category (per subsect			- 17			nt Class (per subsection 62-699.310		
Licensed Operators		Name		License Class			) / Shift(s) Worked	in the contract of
Lead/Chief Operator:				С	6813	Days 1st Shift		
Other Operators:	Marty Neal			C	10027	Days 1st Shift		
				····				
							<del></del>	
							·	
	<del></del>						<del></del>	
Sansa di S					<u></u>			
I Certification by Lead	d/Chief Operator	•						
			, am the lead/chie	f operator of the	water treatme	nt plant identified in part I of	this report. I certify	that the
						king water treatment chemica		
						that the following additiona		
were prepared each da	y that a licensed o	pperator staffed or visited thi	is plant during the	month indicated	d above: (1) re	cords of amounts of chemica	ils used and chemical	I feed rates: and
(2) if applicable appr	opriete treatment r	process performance records	Eurthermore Is	nonui indicato	these addition	al operations records to the P	WS owner so the PV	VS owner can
					these addition	ar operations records to the r	W 5 OWIEL SO LIC I V	V5 Owner can
retain them, together v	vith copies of this	report, at a convenient locat	tion for at least ten	i years.				
			Will Fontaine				C-6813	
Signature and Date			Printed or Typ	ed Name			License Nu	mber

III. Daily Data for the Month/Year of: September, 2005										
II. Daily Data for the Month/Year of: September, 2005										
Means of Achieving Four-Log Virus Inactivation/Removal:   Free Chlorine Chlorine Dioxide Chlorine Chl										
Ultraviolet Radiation Other (Describe):										
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide										
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
CT Calculations UV Dose										
	7-4-ja, 10-11-11-11-11-11-11-11-11-11-11-11-11-1									
Days Plant Staffed or Net Quantity Disinfectant Towest CT Provided Contact Time Before or at Staffed or Net Quantity Disinfectant Towes										
Disinfectant Provided										
Days Plant   Lowest Residual   Contact Time   Before or at     Lowest Residual   Staffed or   Net Quantity   Disinfectant   (T) at C   First     Minimum   Disinfectant   Contact Time   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant   Contact Time   Disinfectant										
Visited by Of Finished Concentration (C) Measurement Customer Lowest UV Dose Concentration at Emergence	or Abnormal Operating									
Day of Operator Hours plant Water Before or at First Point During During Peak Minimum CT Operating Required, Remote Point in Conditions; Reg	air or Maintenance Work that									
the Place in Producted Peak Flow Customer During Peak Flow Flow me- Temp of pH of Water Required, mg UV Dose, mW- Distribution Involves Takin	Water System Components									
Month "X") Operation gal. Rate, gpd. Peak Flow, mg/L minutes min/L Water, C if Applicable min/L mW-sec/cm <sup>2</sup> sec/cm <sup>2</sup> System, mg/L C	ut of Operation									
1 X 24.0 1,000 1.1 0.9										
2 X 24.0 185 1.0 0.9										
3 X 24.0 175 1.0										
4 24.0 175 5 X 24.0 175 1.0 0.9										
6 X 24.0 10 0.9 0.9										
7 X 24.0 370 1.0 0.9										
8 X 24.0 10 0.8										
9 X 24.0 10 0.8 0.9										
10 X 24.0 10 0.9										
11 24.0 600										
12 X 24.0 600 1.1 0.9										
15 A 24.0 100 1.0										
A 280 100										
15   X   24.0   100   1.0   0.9     0.8										
17 X 24.0 200 0.9										
18 24.0 100										
19 X 240 100 1.0 0.9										
20 X 24.0 300 1.1 0.9										
21 X 24.0 1,300 1.0 0.9										
22 X 24.0 300 1.3 0.9										
25 A 24:0 200 1.1	<del></del>									
24 X 24.0 100 1.1 25 24.0 700										
25 24.0 700 1.0 0.9										
20 A 24.0 700 1.0 1.0 0.9										
28 X 24.0 400 1.1 0.9										
29 X 24.0 2,100 1.3										
30 X 24.0 79,400 2.0 0.9										
31 24.0 0										
Total 90,620 Average 3.021										

79,400

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instructions.						
I. General Information for the Month	/Year of: October, 2005					
A. Public Water System (PWS) Inform						
PWS Name: Imperial Terrace	action.			PWS Identification Number	er: 3350584	
PWS Type:	Non-Transient Non-Community	Transient Non-Comi	munity	Consecutive		
Number of Service Connections at End of Mon	ith: 245		Total	Population Served at End of	f Month: 490	
PWS Owner: Aqua Utilities Flor	ida					
Contact Person: Brian Heath			Conta	act Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Conta	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com					
B. Water Treatment Plant Information	n					
Plant Name: Imperial Terrace				Plant Telephone Number:	352-787-09	80
Plant Address: 11709 Magnolia D			City: Tavares	State: Florida	Zip Code:	32778
Type of Water Treatment by Plant:		Purchased Finished Water				
Permitted Maximum Day Operating Capacity of		288,000				
Plant Category (per subsection 62-699.310(4),	<del></del>			Class (per subsection 62-699		e la martina de la compania de la compania de la compania de la compania de la compania de la compania de la c
Licensed Operators	Name	License Class	License Number	<del></del>	ıy(s) / Shift(s).Worked f	REAL PROPERTY.
Lead/Chief Operator: Will Fontaine		C	6813	Days 1st Shift		
Other Operators: Marty Neal		C	10027	Days 1st Shift		
			ļ			
			<u> </u>			
			<u> </u>			
		·	<u> </u>	<u> </u>		
II. Certification by Lead/Chief Operat	or					
I, the undersigned water treatment pla	nt operator licensed in Florida, am	the lead/chief operator of the	water treatment	plant identified in part	I of this report. I certify	that the
information provided in this report is	true and accurate to the best of my	knowledge and belief. I cert	ify that all drinkin	ng water treatment chen	nicals used at this plant	conform to NSF
International Standard 60 or other app	olicable standards referenced in sub	section 62-555.320(3), F.A.0	C. I also certify th	nat the following addition	onal operations records	for this plant
were prepared each day that a licensed	d operator staffed or visited this pla	int during the month indicate	d above: (1) reco	rds of amounts of chem	nicals used and chemica	I feed rates; and
(2) if applicable, appropriate treatmen	at process performance records. Fu	rthermore Lagree to provide	these additional	operations records to th	he PWS owner so the PV	WS owner can
retain them, together with copies of th						
retain them, together with copies of th	is report, at a convenient rotation i	or at rouse ton yours.				
		Will Fontaine			C-6813	
Signature and Date		Printed or Typed Name			License Nu	mber

Imperial Terrace

Plant Name:

3350584

PWS Identification Number:

											052 411		u	mmixeM
											L6 <b>†</b> '9		9	<b>agsnagvA</b>
											201,410			LatoT
	6.0								7.1		333	24.0	X	15
		·									EEE	24.0		30
				<u> </u>							333	24.0		67
		i	<del></del>		i		i		7.1		200	0.4.0	Х	87
	6.0			<del> </del>	ļ — · — · · · · · ·				7.1		005	0.4.0	Х	LZ
	6.0								£.1		1,400	0.42	Х	97
	6.0	<del>                                     </del>		<del> </del>	<del></del>				ξ'ι		007	0.42	Х	- SZ
	0.1	·							t'I		005	0.42	Х	74
	1.1		· · · · · · · · · · · · · · · · · · ·						5.1		32,320	24.0	Х	73
											32,320	24.0		77
									£.1		2,000	0.42	X	71
	0.1				i				€.1		3,000	24.0	Х	07
	1.1	<u> </u>							þ'l		006	24.0	Х	61
	1.5		· · · · · · · · · · · · · · · · · · ·	<del> </del>	<b></b>				9.1		055,411	0.42	X	81
	6.0				· · · · · · · · · · · · · · · · · · ·		<del></del>		0.1		022,1	0.42	X	- 41
	<u> </u>	†									055,1	24.0		91
									0.1		100	24.0	X	SI
	6.0								I.I		006	24.0	X	14
	0.1	<u> </u>							11		000'1	24.0	Х	13
	6.0								0.1		1,200	74.0	Х	15
	6'0								6'0		007	0.4.0	Х	П
	6.0								0.1		300	0.4.0	X	10
											300	0.4.0		6
									£.1		700	24.0	Х	8
	0°I								7.1		900	0.42	X	L
	6.0								61		3,140	0.42	X	9
	0.1								8.1		100	24.0	X	ς
	0.1		l						2.2	l <u></u>	005	24.0	X	Þ
	1.0								5.2		320	0.4.0	X	3
											320	24.0		7
									8.1		100	24.0	Х	ı I
Conditions, Repair or Maintenance Work that Involves Laking Water System Components  To be of Operation		Required, mW- sec/cm	'Dy Dose,	Minimum CI Required, mg Min/L	,TolkW To Hq	Temp of Water, <sup>O</sup> C	During Peak Flow, mg- Anim	Point During Peak Flow, minutes	Before or at First Customer During Peak Flow, mg/L	Peak Flow Rate, gpd.	Water Producted, gal	Insiq zuoH ni Operation	Operator (Place ("X"	Day of Month
Suppose Suppos	insipolinisid. is noitsuneonoO	muminiM • Seo TVU	Lowest				First TemotsuO	(T) at C Measurement	Disponitation (C)		Net Quantity of Finished		Staffed or Visited by	
The state of the s	Lowest Residual				745372		Before or at	Contact Time	Lowest Residual			'	Days Plant	
				1.5.			Provided	Disinfectant				. !	ļ	ļ
							Lowest CT				1	[	1	1
		200	2 2 2 3	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		t .	Syonmin	omo to						
		and the second second	I AN							<u> </u>			Ì	1
									T Calculations, or		<u> </u>		<u> </u>	<u></u>
	sbixoi (	Chlorine D	(9	(Chloramine:	ed Chlorine	Combine	rine –	K Free Chlo	bution System:	rteid ni bər	ristnisM lsu	Stant Resid	oolnisid t	Type of
										. (Descupe):	L Otper	noitsiba	raviolet Ra	ா∩்
	(səui	e (Chloram	nined Chlorin	L Comb	orozo	əpixo	Chlorine Did	Plorine	an:   Free C		Virus Inactiv			
								C007 1200120			Auth I cal			

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



See Pages 4 for Instr								
. General Information	for the Month/Y	'ear of: November, 2005						
A. Public Water System	(PWS) Informat	tion						
PWS Name:	Imperial Terrace				PWS Identification Numb	per: 3:	350584	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	nunity	Consecutive			
Number of Service Connect	tions at End of Month:	: 245		Total	Population Served at End of	of Month: 49	90	
PWS Owner:	Aqua Utilities Florida	a						
Contact Person:	Brian Heath			Conta	act Person's Title:	Area Manager		
Contact Person's Mailing A	ddress:	PO Box 490310		City: Leesburg	State: Florida	Z	ip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980		Conta	act Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.com						
3. Water Treatment Pla	ant Information							
Plant Name:	Imperial Terrace				Plant Telephone Number	3:	52-787-0980	0
Plant Address:	11709 Magnolia Driv			City: Tavares	State: Florida	Z	ip Code:	32778
Type of Water Treatment by			sed Finished Water					<del> </del>
Permitted Maximum Day O			288,000		···			
Plant Category (per subsect	ion 62-699.310(4), F.A				class (per subsection 62-699		C	
Licensed Operators		Name	License Class	License Number		ay(s)//Shift(s) V	Vorked	757,000
Lead/Chief Operator:	·		C	6813	Days 1st Shift			
Other Operators:	Marty Neal		С	10027	Days 1st Shift			
	<del> </del>							
							· · · · ·	<del></del>
						<del></del>		
					<del>                                       </del>		· · · · · · · · · · · · · · · · · · ·	
I Certification by Lead	I/Chief Operator	•						
		operator licensed in Florida, am the lea	d/chief operator of the	water treatment r	plant identified in part	I of this report.	I certify t	hat the
		ie and accurate to the best of my knowle						
		cable standards referenced in subsection						
were prepared each da	v that a licensed o	operator staffed or visited this plant duri	ng the month indicated	l above: (1) reco	rds of amounts of cher	micals used and	chemical	feed rates: and
(2) if applicable appro	onriate treatment r	process performance records. Furtherm	ore. I agree to provide	these additional o	operations records to t	he PWS owner s	o the PW	S owner can
		report, at a convenient location for at le		mese agamonai e	sperations records to t		o mo i w	o comer can
retain them, together v	viai copies of this	report, at a convenient location for at it	aut ton years.					
		Will F.	ontaine			C	C-6813	
Signature and Date			d or Typed Name				icense Num	ber
Dignature and Date		Times	Jpeo / mine			_		

PWS Identification Number: 3350584 Plant Name: Imperial Terrace														
III. D	aily Data	for the M	lonth/Year	of:		November, 200	5							
			g Virus Inactiv		/al: <b>▽</b> Free C	hlorine I	Chlorine Di	ovide	Ozone	☐ Comb	inad Chlori	na (Chlaran	ainos)	
	traviolet R			r (Describe):		, ,	Chorac Di	Oxide	1 02.016	1 Come	inea Cinorn	ne (Chioran	illies)	j
-						▼ Free Chlo	rina F	Combin	ed Chlorine	(Chloramine	e) [	Chlorine I	Diovádo	
Type	n Dismiec	tiam Kesic	luai Maintan										JIOXIGE	
					T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac		Applicable	Art. Stole Stole		
1. 6.3						CT Calc	ulations			+ 634	UV	Oose		
	gara	VA.				124	Lowest CT							
1 1		2,				Disinfectant	Provided						Lowest Residual	
	Days Plant		# D		Lowest Residual	Gontact Time	Before or at	46.					Lowest Residual	
1	Staffed or		Net Quantity		Disinfectant - 1	(T) at C	First				7	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer_				Lowest	UV/Dose"	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	I '	n 1 F1	Before or at First	Point During	During Peak	Temp of		Minimum CT		Required, mW-	Remote Point in	Conditions; Repair or Maintenance Work that
the Month	(Place	in Operation	Producted,	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	Required, mg min/L	mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	Distribution : System, mg/L	Involves Taking Water System Components Out of Operation
1	X	24.0	500	Rate, gpd.	1.2	· · · · · · · · · · · · · · · · · · ·	JIIII/L	water, C	ii Applicable	INDUCTOR STATE	mw-sec/cm	Sec/cm %	O.9	Out of Operation
2	X	24.0	200		1.1								0.9	
3	Х	24.0	1,350		1.3								0.9	
4	Х	24.0	500		1.3								1.0	
5	Х	24.0	200		1.3									
6		24.0	500											
7	X	24.0	500		1.5								1.0	
8	X	24.0	600		1.4								1.0	
9	X	24.0	200		1.4	 				l ——			1.0	
10	X	24.0 24.0	1,000		1.3			ļ <u>-</u>					1.0 0.9	
12	$\frac{\lambda}{X}$	24.0	900		1.3								0.9	
13	1 ^-	24.0	1,100	-	1.2									
14	Х	24.0	1,100		1.4								1.3	
15	Х	24.0	800		1.2								1.2	
16	Х	24.0	2,000		1.3								1.1	
17	Х	24.0	2,700		1.3								1.1	
18	Х	24.0	800		1.5								1.1	
19	Х	24.0	45,710		1.5			ļ <u>.</u>						
20	<del>  _ ,_  </del>	24.0	850		1.3			-		<del> </del>			1.0	
21	X	24.0	850 500		1.3					<u></u>			0.9	
23	X	24.0	2,400		1.3		<del></del>	<b></b>		<u> </u>			1.1	
24	X	24.0	9,000		1.5								1.1	
25	X	24.0	600		1.4								1.0	
26	Х	24.0	500		1.4									
27		24.0	850											
28	Х	24.0	850		1.3								0.9	
29	X	24.0	100		1.2			<b></b>				<u> </u>	0.9	
30	X	24.0	1,100		1.3			ļ		ļ			0.9	
31 Total	1	24.0	78,860		L	L	<u> </u>	1	L	L	L	L	l	
Avgerag	re		2,629											

45,710

Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.



#### Polymer Page 3 Due in December

See Pages 4 for Instructions								
General Information for the	Month/Year of: December,	2005						
. Public Water System (PWS	) Information							
PWS Name: Imperial			PWS Identification Number:	3350584				
PWS Type:	mmunity Non-Transient Non-Commu	nity Transier	nt Non-Community	Consecutive	Consecutive			
Number of Service Connections at E	nd of Month: 245			Total Population Served at End of Mont	h: 490			
PWS Owner: Aqua Ut	ilities Florida							
Contact Person: Brian He	eath			Contact Person's Title: Area	Manager			
Contact Person's Mailing Address:	PO Box 490310	City: Leesbu	rg State: Florida	Zip Code: 34749				
Contact Person's Telephone Number				Contact Person's Fax Number: (352) 787-6333				
Contact Person's E-Mail Address:	beheath@aquaamerica.co	<u>n</u>			_			
3. Water Treatment Plant Info	ormation							
Plant Name: Imperial	Теггасе		_	Plant Telephone Number:	352-787-0980			
<u> </u>	lagnolia Drive		City: Tavare	s State: Florida	Zip Code: 32778			
Type of Water Treatment by Plant:	Raw Ground Water	Purchased Finished \	Water					
Permitted Maximum Day Operating		288,0						
Plant Category (per subsection 62-69				Plant Class (per subsection 62-699.310(4)				
Licensed Operators		Lice		ımber Day(s) 7	Shift(s) Worked			
Lead/Chief Operator: Will For	····	C	6813	Days 1st Shift	Marine Control of the			
Other Operators: Marty N	eal	C	10027	Days 1st Shift				
					·			
		<b></b>						
24								
631340								
Lertification by Lead/Chief	Operator							
	ment plant operator licensed in Florida,	am the lead/chief oper	rator of the water treati	nent plant identified in part I of the	nis report. I certify that the			
	eport is true and accurate to the best of r							
International Standard 60 or o	other applicable standards referenced in	subsection 62-555 32	0(3) FAC Lalso cer	tify that the following additional o	operations records for this plant			
	licensed operator staffed or visited this							
	treatment process performance records.							
				onal operations records to the 1 w	5 owner so the 1 we owner cur			
retain them, together with cor	pies of this report, at a convenient location	ni ioi ai icasi ien year	3.					
	Will Fontaine							
		win rontaine			C-6813			

PWS Identification Number: 3350584 Plant Name: Imperial Terrace														
III. Daily Data for the Month/Year of: December, 2005														
Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)														
Ultraviolet Radiation Cher (Describe):														
Type of Disinfectant Residual Maintained in Distribution System:    Free Chlorine    Combined Chlorine (Chloramines)    Chlorine Dioxide														
Type	I Distilled	Lant Kesit	luar Mairitan										JIOAGC	A Company of the Comp
		ł			T Calculations, or		Demostate	rour-Log	virus inac	tivation, if	Applicable			
Ì						CT Calc	ulations		Contractor of	Minimum CT	· UV I	ose		100 to 10
							Lowest CT		<b>8</b> 1			1		
1					Lowest Residual	Disinfectant	Provided			4. 14.				
ļ	Days Plant					Contact Time	Before or at	277				77 50 13	Lowest Residual	
	Staffed or		Net Quantity	304 B	Disinfectant	(T) at C	First	5.4.1.4		100	Section 1	Minimum	10 To 12 To	Emergency or Abnormal Operating
	Visited by		of Finished	[ - 12] 및 참 기술의 하는 [ - 13] - 13] - 12]	Concentration (C)	Measurement	Customer	100			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant		D 1 7	Before or at First	Point During	During Peak	Temp of	1	Minimum CI Required, mg	UV Dose,	Required, mW-	Remote Point in	
the Month	(Place "X")	in Operation	Producted,	Peak Flow Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes			if Applicable		mW-sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	Distribution System, mg/L	Involves Taking Water System Components Out of Operation 3
1 Violiui	X	24.0	500	reate, gpu.	1.2	minutes	mul	water, C	II Applicable	1 THINKS	mw-sec/cm:	Sec/cm	0.8	Curor Operation (Section 1)
2	X	24.0	1,500		1.3	<del></del>				<del> </del>			0.9	
3	X	24.0	700		1.3								0.3	
4		24.0	500							<del>                                     </del>				
5	Х	24.0	500		1.3								0.9	
6	X	24.0	100		1.2								0.8	
7	X	24.0	3,210		1.3								0.8	
8	X	24.0	1,200		1.3								0.9	
9	X	24.0	100		1.2								0.9	
10	X	24.0	500		1.3					<u> </u>	ļ			
11		24.0	1,550			<u></u>			<b></b>					
12	X	24.0	1,550		1.3				<del> </del>		ļ		1.0	
13	X	24.0	100		1.2					ļ	ļ		0.9	
15	X	24.0	100 300		1.2				<u> </u>				1.0	
16	X	24.0	300		1.1			<del> </del>	<del></del>	<del></del>			0.9	
17	X	24.0	800		1.1									
18	<u> </u>	24.0	200						<del> </del>					
19	Х	24.0	200		1.1								0.9	
20	Х	24.0	4,200		1.2								0.9	
21	X	24.0	5,500		1.2								1.0	
22	X	24.0	1,000		1.1								0.9	
23	Х	24.0	200		1.1								0.9	
24	X	24.0	100		1.1									
25		24.0	500							<u> </u>	<b></b>			
26	X	24.0	500		1.2				ļ	<b>}</b>	<b>.</b>		0.9	
27	X	24.0	1,200		1.2			<b> </b>					0.9	
28	X	24.0	6,500		1.3	<del></del>		<del> </del>	-	<del> </del>	<del> </del>		1.0	
30	X	24.0	2,000 200		1.3			<del> </del>					1.0	
31	X	24.0	700		1.3	L		<del>                                     </del>		<del> </del>	<del> </del>	<del> </del> -	1.0	
Total			36,510				L	·	L			L		<u> </u>
Avgerag	e .		1,178											

6,500

Avgerage Maximum

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information.